

- and mouth disease, southern Vietnam, 2005. *Emerg Infect Dis*. 2007;13:1733–41. <http://dx.doi.org/10.3201/eid1311.070632>
23. Zhang Y, Tan XJ, Wang HY, Yan DM, Zhu SL, Wang DY, et al. An outbreak of hand, foot, and mouth disease associated with subgenotype C4 of human enterovirus 71 in Shandong, China. *J Clin Virol*. 2009; 44:262–7.
 24. Venkatesan A, Tunkel AR, Bloch KC, Luring AS, Sejvar J, Bitnun A, et al. Case definitions, diagnostic algorithms, and priorities in encephalitis: consensus statement of the International Encephalitis Consortium. *Clin Infect Dis*. 2013; 57:1114–28.
 25. Tunkel AR, Glaser CA, Bloch KC, Sejvar JJ, Marra CM, Roos KL, et al. The management of encephalitis: clinical practice guidelines by the Infectious Diseases Society of America. *Clin Infect Dis*. 2008;47:303–27.
 26. Khetsuriani N, Holman RC, Anderson LJ. Burden of encephalitis-associated hospitalizations in the United States, 1988–1997. *Clin Infect Dis*. 2002;35:175–82.
 27. Khetsuriani N, Tong S, Lu X, Reed S, Erdman D, Campbell A, et al. Systemic infection with enteric adenovirus in immunocompetent child with *Haemophilus influenzae* disease. *Emerg Infect Dis*. 2009;15:355–7. <http://dx.doi.org/10.3201/eid1502.081066>
 28. Chunsuttiwat S, Warachit P. Japanese encephalitis in Thailand. *Southeast Asian J Trop Med Public Health*. 1995;26(Suppl 3):43–6.
 29. Olsen SJ, Supawat K, Campbell AP, Anantapreecha S, Liamsuwan S, Tunlayadechanont S, et al. Japanese encephalitis virus remains an important cause of encephalitis in Thailand. *Int J Infect Dis*. 2010;14:e888–92. <http://dx.doi.org/10.1016/j.ijid.2010.03.022>
 30. Saisongkorh W, Rolain JM, Suputtamongkol Y, Raoult D. Emerging *Bartonella* in humans and animals in Asia and Australia. *J Med Assoc Thai*. 2009;92:707–31.
 31. Na-Bangchang K, Congpuong K. Current malaria status and distribution of drug resistance in East and Southeast Asia with special focus to Thailand. *Tohoku J Exp Med*. 2007;211:99–113. <http://dx.doi.org/10.1620/tjem.211.99>
 32. Luby SP, Gurley ES, Hossain MJ. Transmission of human infection with Nipah virus. *Clin Infect Dis*. 2009;49:1743–8.
 33. Wacharapluesadee S, Boongird K, Wanghongsa S, Ratanasetyuth N, Supavonwong P, Saengsen D, et al. A longitudinal study of the prevalence of Nipah virus in *Pteropus hylei* bats in Thailand: evidence for seasonal preference in disease transmission. *Vector Borne Zoonotic Dis*. 2010;10:183–90. <http://dx.doi.org/10.1089/vbz.2008.0105>
 34. Palacios G, Oberste MS. Enteroviruses as agents of emerging infectious diseases. *J Neurovirol*. 2005;11:424–33. <http://dx.doi.org/10.1080/13550280591002531>
 35. Lum LC, Lam SK, Choy YS, George R, Harun F. Dengue encephalitis: a true entity? *Am J Trop Med Hyg*. 1996;54:256–9.
 36. Rajapakse S, Rodrigo C, Fernando D. Scrub typhus: pathophysiology, clinical manifestations and prognosis. *Asian Pac J Trop Med*. 2012;5:261–4. [http://dx.doi.org/10.1016/S1995-7645\(12\)60036-4](http://dx.doi.org/10.1016/S1995-7645(12)60036-4)
 37. Weinberg A, Bloch KC, Li S, Tang YW, Palmer M, Tyler KL. Dual infections of the central nervous system with Epstein-Barr virus. *J Infect Dis*. 2005;191:234–7. <http://dx.doi.org/10.1086/426402>
 38. Bitnun A, Ford-Jones EL, Petric M, MacGregor D, Heurter H, Nelson S, et al. Acute childhood encephalitis and *Mycoplasma pneumoniae*. *Clin Infect Dis*. 2001;32:1674–84.
 39. Christie LJ, Honarmand S, Talkington DF, Gavali SS, Preas C, Pan CY, et al. Pediatric encephalitis: what is the role of *Mycoplasma pneumoniae*? *Pediatrics*. 2007;120:305–13. <http://dx.doi.org/10.1542/peds.2007-0240>
 40. Gable MS, Sheriff H, Dalmau J, Tilley DH, Glaser CA. The frequency of autoimmune N-methyl-D-aspartate receptor encephalitis surpasses that of individual viral etiologies in young individuals enrolled in the California Encephalitis Project. *Clin Infect Dis*. 2012;54:899–904.

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Bonferroni [bon'fər-ō'ni] Correction

Named after Italian mathematician Carlo Emilio Bonferroni (1892–1960) but first attributed to Olive Jean Dunn, the Bonferroni correction compensates for multiple comparisons by dividing the significance level by the number of comparisons. The significance level is the probability that a given test will incorrectly find a difference in the sample that is not present in the population (false positive). A significance level of 0.05 is a commonly accepted significance level. If a study tested 5 comparisons, there would be up to a 25% likelihood (0.05 + 0.05 + 0.05 + 0.05 +

0.05) that any one of them would show a significant difference by chance. The Bonferroni correction adjusts for this by dividing the significance level by the number of tests. In this case, the significance level for a given comparison would be 0.01, for an overall risk no larger than 0.05 of falsely detecting a difference.

This technique has been criticized as too conservative, particularly when a large number of tests are used, and it may increase the risk for a false negative. Other tests, such as the Tukey-Kramer and Scheffe method, may reduce this risk.

Sources

1. Bland JM, Altman GD. Multiple significance tests: the Bonferroni method. *BMJ*. 1995;310:170. <http://dx.doi.org/10.1136/bmj.310.6973.170>
2. Dunn OJ. Multiple comparisons among means. *J Am Stat Assoc*. 1961;56:52–64. <http://dx.doi.org/10.1080/01621459.1961.10482090>
3. Perneger TV. What's wrong with Bonferroni adjustments. *BMJ*. 1998;316:1236–8. <http://dx.doi.org/10.1136/bmj.316.7139.1236>
4. Sedgwick P. Multiple hypothesis testing and Bonferroni's correction. *BMJ*. 2014;349:g6284. <http://dx.doi.org/10.1136/bmj.g6284>

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