

Pneumonia, Tuberculosis and Viral Infections

Respiratory Medicine and Infectious Disease | Updated October 2026

CAP and bronchitis

- Pneumonia: assess physiology, oxygenation, comorbidity and possible need for admission before antimicrobial selection.
- Bronchitis is commonly viral; no routine antibiotics for uncomplicated cases.
- ATS 2025 CAP update examines lung ultrasound, antibiotics in viral-positive CAP, shorter durations after stability and steroids in hospitalized adults; apply nuanced criteria.
- Severe confusion, hypoxemia or shock requires emergency management; consider effusion, empyema and sepsis.

Tuberculosis

- Cough plus fever/night sweats/weight loss/hemoptysis and exposure or imaging risk: protect staff with airborne precautions and appropriate respiratory protection.
- Sputum smear, NAAT and culture support active TB work-up; IGRA/TST cannot distinguish active from latent TB.
- Specialist multidrug treatment, public-health reporting, contact investigation and de-isolation protocols are essential.

Respiratory viruses

- Influenza, COVID-19 and RSV syndromes overlap; molecular testing may affect isolation and treatment.
- High-risk influenza patients may need prompt antivirals even before confirmatory result when clinically indicated.
- Review COVID treatment timing and interactions; RSV is potentially severe in older or immunocompromised patients.
- Follow seasonal/provincial vaccine recommendations and setting-specific infection-prevention policies.

Infection evaluation safety

- Avoid reflex antibiotic prescribing when evidence supports a viral or noninfectious syndrome.
- Reassess infections clinically, review cultures and narrow/stop antibiotics when appropriate.
- Always prioritize sepsis and septic shock recognition over routine outpatient infectious work-up.

[ATS: 2025 update to adult community-acquired pneumonia guideline](#)

[Canadian Tuberculosis Standards, eighth edition](#)

[CDC: Clinical guidance for influenza, SARS-CoV-2 and RSV](#)

[Surviving Sepsis Campaign 2026 adult guideline](#)

Independent examination-preparation content, not clinical care directions or official exam policy. Follow current local guidelines, drug monographs, professional scope and emergency protocols.