PNEU AND IMPROVED? - AN OVERVIEW OF THE 2025 AMERICAN THORACIC SOCIETY (ATS) COMMUNITY-ACQUIRED PNEUMONIA (CAP) GUIDELINE

Four Questions

This guideline focused on four questions that have had a lot of new research since the last guideline in 2019: lung ultrasounds in diagnosis, antibiotics in viral cap, duration of therapy and corticosteroid use.

A Breakup

Breaking with previous CAP guidelines, the 2025 ATS CAP Guidelines were not published as a joint effort between the IDSA and ATS.

Diagnosing CAP

Lung Ultrasound (LUS)

A LUS can be considered instead of a chest radiograph in certain patients in sites that have expertise in LUS, including equipment and protocols for LUS diagnosis of pneumonia. Criteria for expertise are outlined in the guideline.

LUS is not reliable in patients who are obese, uncooperative, ro have drains, scars, or wounds. It should not be used if there is a suspicion of alternative or additional diagnoses.

Empiric Antibiotics in Viral CAP: New Recommendations

The 2019 guidelines recommended empiric antibiotics in all viral CAP. However, the landscape and evidence has changed significantly since 2019.

If a patient tests positive for viral CAP, the 2025 ATS guidelines recommend:

- **No Antibiotics:** Outpatients with no comorbidities.
- **Empiric Antibiotics:** All inpatients (severe and non-severe) and outpatients with comorbidities (eg. chronic pulmonary disease (excluding asthma), end-stage liver disease, or end-stage renal disease, cardiovascular disease, alcoholism, or neoplastic disease).

SEE IDSA SIDEBAR BELOW

IDSA SIDEBAR

The IDSA disagrees with parts of this recommendation. Unofficially, on the IDSA IDeaExchange, there were concerns that endorsing empiric antibiotic use for viral CAP in adult outpatients with comorbidities and non-severe inpatient CAP would lead to significant antibiotic overuse, increasing adverse effects, microbiome disruption, and antimicrobial resistance. In addition, there was disagreement on which comorbidities contribute the most risk. They plan to release an official letter soon.

Treating CAP

Duration of Therapy

3-5

The 2019 guidelines suggested at least 5 days" of therapy for all CAP. These new ATS guidelines make the following suggestions:

- **3-5 days** of treatment in stable, improving inpatients and outpatients with non-severe CAP.
- **5 or more days** for inpatients with severe CAP
- These durations should be lengthened for necrotizing or resistant organisms like *S. aureus* or *P. aeruginosa*, complications, or underlying lung disease.

Corticosteroid Use

The 2019 guidelines recommended corticosteroids only in sepsis, where indicated by the Surviving Sepsis Campaign. The new ATS guidelines reviewed evidence, much of it from the pandemic, and broadened this to recommend steroids to severe non-septic CAP patients who are hospitalized and also where indicated by the Surviving Sepsis Campaign.

Corticosteroids are not routinely recommended in non-severe or influenza CAP.

- Abelenda-Alonso, G., et al., Influenza and Bacterial Coinfection in Adults With Community-Acquired Pneumonia Admitted to Conventional Wards: Risk Factors, Clinical Features, andOutcomes. Open Forum Infect Dis, 2020. 7(3): p. Ofaa066.
- Diagnosis and Management of Community-acquired Pneumonia. An Official American Thoracic Society Clinical Practice Guideline. (2025). Am J Respir Crit Care Med. 2025 Jul 18.
- Diagnosis and Treatment of Adults with Community-acquired Pneumonia: An Official Clinical Practice Guidelines of the American Thoracic Society and the Infectious Diseases Society of America. Am J Respir Crit Care Med. 2019;200(7):e45-e67.
- Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2024 Update by the Infectious Diseases Society of America (IDSA) and the American Society for Microbiology (ASM).Clinical Infectious Diseases : An Official Publication of the Infectious Diseases Society of America. 2024.
- Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021. Critical Care Medicine 49(11):p e1063-e1143, November 2021.

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