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**Title:** Incidence, etiology and prevention strategies in early and late onset ventilator associated pneumonia in a tertiary care intensive care unit

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**Body:** Introduction: Ventilator associated pneumonia (VAP) is associated with increased morbidity and mortality. VAP has been characterized into early (E-VAP) and late onset (L-VAP) depending upon the duration of mechanical ventilation. Objectives: To ascertain the incidence of VAP and its common causative pathogens and compliance to VAP prevention strategies in an intensive care unit (ICU). Methods: Prospective cohort surveillance of VAP was conducted by applying the definitions of the US Centers for Disease Control and Prevention National Nosocomial Infections Surveillance System (CDC-NNIS). Data on microbial isolates and antimicrobial resistance were also collected along with documentation of measures to prevent VAP. Result: Between January 2010 to December 2011, 2756 patients who were hospitalized in the ICU, for an aggregate 10,948 patient days acquired 66 VAP infections. The ventilator days were 4190 and this amounts to overall VAP rate of 15.75 infections per 1000 ventilator days. The incidence of E-VAP and L-VAP was 24.2% & 75.8% respectively. The most common pathogens identified were *Acinetobacter baumannii*, *Pseudomonas aeruginosa* and *Klebsiella* spp. Most of these were multidrug resistant. There was low compliance to hand hygiene, head of bed elevation, daily sedation interruption and oral care. Conclusion: VAP was the commonest nosocomial infection in the ICU. Most of the VAP was late in onset (L-VAP) and was caused by multidrug resistant pathogens. There is a need to maximize compliance to VAP prevention measures as part of the routine management of patients on mechanical ventilation.