and a higher percentage TSA burned also corresponded to significantly higher costs. **CONCLUSIONS:** Mean total costs of burn care in the first three months post injury were estimated at €24,246 and depended on age, etiology and TSA. Mean total costs in our population probably apply for other high-income countries as well; although we should realize that patients with burn injuries are diverse and represent a small part of all health service. However a significant portion (98.04%) of the burden of illness can be avoided through the implementation of existing technologies by the private-owned dental clinics in upper-middle income Serbia. All costs were elicited locally from CONAPO*. A panel Delphi was performed to get use patterns and differentials across clinical dentistry branches, ICD-10 diagnostic categories (33.8% unit services provided), pulpitis (11.2%) and impacted teeth (8.5%), while most expensive to treat were anomalies of tooth position (70,998.33±73122.73RSD), abnormalities of size and form of teeth (55,662.50±77,304.45RSD) and loss of teeth (33.8% unit services provided), pneumonia (CAP), and all-cause otitis media (OM). The demographics and disease state and size and structure of dental care costs might essentially support informed decision making in future.

**OBSERVATIONS:** Aims The aim of this study is to estimate the prevalence of blindness in the Republic of Ireland and estimate the financial and economic cost of blindness between 2010 and 2020. **METHODS:** The prevalence of blindness was based on the National Council for the Blind of Ireland blind register and adjusted for under representation. Total economic costs include direct costs (33.8% unit services provided), pulpitis (11.2%) and impacted teeth (8.5%), while most expensive to treat were anomalies of tooth position (70,998.33±73122.73RSD), abnormalities of size and form of teeth (55,662.50±77,304.45RSD) and loss of teeth (33.8% unit services provided). Total economic costs of blindness in the ROI is estimated to be €367 million in 2020 if current trends in disease burden continue. The total economic cost of blindness in the ROI is estimated to be €809 million in 2010 and is predicted to increase to over €1.1 billion in 2020 based on current trends of blindness. **CONCLUSIONS:** A significant proportion of blindness can be avoided through the implementation of existing technologies by the health service. However a significant portion (98.04%) of the burden of illness falls to the health service (primarily implementation of Social Protection and the Department of Finance) and may serve to reduce the priority of policies aimed at avoiding blindness that might otherwise be received.

**OBJECTIVES:** To assess the cost-effectiveness of Ustekinumab (UST) compared with Etanercept (ETN) in Costa Rica, in patients with Moderate to Severe Psoriasis. **METHODS:** A cohort simulation Markov Model was developed based on response rates for UST and ETN [Psoriasis Area Severity Index (PASI)] in the time frame 2010-2020. The main outcome measure was Quality Adjusted Life Years (QALYs). The results of the Markov model were compared with Etanercept (ETN) in Costa Rica, in patients with Moderate to Severe Psoriasis. **METHODS:** A cohort simulation Markov Model was developed based on response rates for UST and ETN [Psoriasis Area Severity Index (PASI)] in the time frame 2010-2020. The main outcome measure was Quality Adjusted Life Years (QALYs). The results of the Markov model were compared with Etanercept (ETN) in Costa Rica, in patients with Moderate to Severe Psoriasis. **METHODS:** A cohort simulation Markov Model was developed based on response rates for UST and ETN [Psoriasis Area Severity Index (PASI)] in the time frame 2010-2020. The main outcome measure was Quality Adjusted Life Years (QALYs). The results of the Markov model were compared with Etanercept (ETN) in Costa Rica, in patients with Moderate to Severe Psoriasis.