Acquired immunodeficiency syndrome (AIDS) was first recognized in USA in 1981. The causative agent of AIDS was first reported by Luc Montagnier and colleagues of the Pasteur institute, Paris in 1983. They called it lymphadenopathy associated virus (LAV). Robert Gallo and colleagues from National institute of Health, Bethesda (USA) reported isolation of retro virus and called it Human T cell lymphotropic virus-3 (HTLV-3). In 1986 the international committee on virus nomenclature gave a name human immunodeficiency virus (HIV), a member of family Retroviridae, subfamily Lentivirinae and genus Lentivirus.

Two antigenic types of HIV have been identified. HIV-1 represents the original LAV/HTLV-3. HIV-2 was isolated from West Africa in 1986. It causes similar spectrum of disease. It display only about 40% nucleotide sequence similarity (homology) with HIV-1, therefore, it is only weakly reactive with HIV-1 antiserum/HIV-2 is more closely related to simian immunodeficiency virus (SIV) with which it has 75% homology. It is largely confined to West Africa, though isolation has been reported from some other areas, including western and southern India.

In India the first cause of HIV/AIDS was reported in 1986 from Chennai in a commercial sex worker. Human immunodeficiency virus belongs to class of Retro virus and sub family lentivirinae. It is rapidly mutating virus.
Viral Hepatitis is systemic disease with primary inflammation in the liver. There are six Hepatitis viruses i.e. Hepatitis A, B, C, D, E and G (Type F is proved to be a mutant of type B virus and not a separate entity. Type F was therefore detected as a separate hepatitis virus). The infection caused by Hepatitis B is most severe and at times fatal. Hepatitis B and C viruses are also responsible for many cases of primary hepatocellular carcinoma.

The family Hepadnaviridae contains 5 hepatotropic viruses specific for man (HBV), woodchuck (WHV), ground squirrel (GSHV), duck (DHBV) and heron (HHBV). All these viruses are highly species specific; for example, the heron HBV does not infect ground squirrels. These viruses contain double stranded DNA genomes and induce persistent infections in their natural hosts. HBV, WHV and GSHV have been associated with the development of hepatocellular carcinoma. Only HBV causes human infection.

A virus of growing importance, hepatitis C virus (HCV), belongs to the genus Hepacivirus in the family Flaviviridae. GB virus A (GBV- A), GBV-B and GBV-C as well as hepatitis G virus are closely related to HCV and may be classified along with HCV in the genus Hepacivirus. The HCV viral particle is 50-60 nm in diameter and consists of an envelope derived from host membrane into which are inserted the virally encoded glycoproteins (E1 and E2) surrounding a nucleocapsid and a positive sense, single stranded RNA genome of about 9500 nucleotides. The virus shows extensive genome heterogeneity and has been classified into six genotypes or clades (1-6) and more than 80 subtypes. Genotype 1 is the main HCV genotype prevalent
worldwide and accounts for 40-80% of all isolates. Genotype 2 and 3 are also found globally but to a lesser extent. HCV can be inactivated by exposure to chloroform, ether and other organic solvents and by detergents.

This study was undertaken to find out significance of seroprevalence of Hepatitis B, C and syphilis in HIV positive patients. A number of HIV reactive blood samples were analyzed for the prevalence of HBV, HCV and syphilis.

Co-infection with HIV/ HCV, HIV/ HBV is a growing public health concern because the diseases are spread in similar ways notably through shared use of needles to infect drugs and sexual activity, percutaneous exposure to blood, and from mother to infant. Many people are co-infected with HIV and HBV, HIV and HCV or even all three viruses.

HIV/HBV co infection have an increased risk of fibrosis and cirrhosis. Some studies found 3 to 6 fold risk of developing chronic hepatitis with HBV (Bodsworth et al., 1991; Hadler et al., 1991; Gatanaga et al., 2000) and 17 fold increase risk of death (Thio 2002) in HIV/HBV Co infected patients when compared with HIV negative individuals.

HIV/HBV co infected patient with an indication for ART should be started on HIV treatment that includes effective anti HBV treatment. In HIV / HCV co-infected individuals who require treatment for HBV infection, ART should be initiated irrespective of CD4 cell count or WHO clinical stage.
The primary objective of HCV and HBV therapy is permanent eradication of the virus. The secondary potential benefit of eradication is a reduction in the risk of liver failure and liver cancer.

HIV/HBV co infected patient should be counseled to avoid or limit intake of hepatotoxins, including alcohol with careful management in most people with HIV/HCV or HIV/HBV co infection can be successfully treated for both diseases. In fact, several recent studies suggest that HIV/HCV co infected people with well controlled HIV disease and relatively high CD4 cell counts may do as well as those with HCV alone.

Syphilis is sexually transmitted disease. *Treponema pallidum* is the causative agent of Syphilis. *T. pallidum* occurs only in human beings. The *Treponema* enters the body through minute abrasions on the skin or mucosa. The infection can also be passed from a mother to infant during pregnancy.

HIV and Syphilis affect similar patient groups and co infection is common. All patients presenting with syphilis should be offered HIV testing and all HIV positive patients should be regularly screened for syphilis.

Detection and treatment of syphilis can, therefore, help to reduce HIV transmission. Syphilis may present with non typical feature in the HIV positive patients. There is a higher rate of symptomless primary syphilis and proportionately more HIV positive patient present with secondary infection. Secondary infection may be more aggressive and there is an increased rate of early neurological and ophthalmic involvement.
In both boys and girls, *T. pallidum* can spread throughout the whole body, infecting major organs. Brain damage and other serious health problems can occur, most of them are difficult to be treated. A woman who is pregnant and has not been effectively treated, is at higher risk of putting her baby in danger. Untreated syphilis can also cause major birth defects. Syphilis also increases the risk of HIV infection because HIV can enter the body more easily when there is a sore present.

Early stages of syphilis can be cured with antibiotics. A person infected will require the treatment for a longer duration. Once the damage occur in the body from the late stage of Syphilis, it is difficult to treat.

All HIV positive patients should be treated with penicillin based regimen that is adequate for the treatment of neurosyphilis. Relapses are more likely to occur in HIV positive patient and careful follow up is required.