

Figure S1. Richness (**Observed** species, **Chao1** indices) and Diversity (**Shannon** and **Simpson** indices) for different sampling sites by PD severity (**A**), PD severity by sampling site (**B**) and by PD and HIV infection status (**C**).

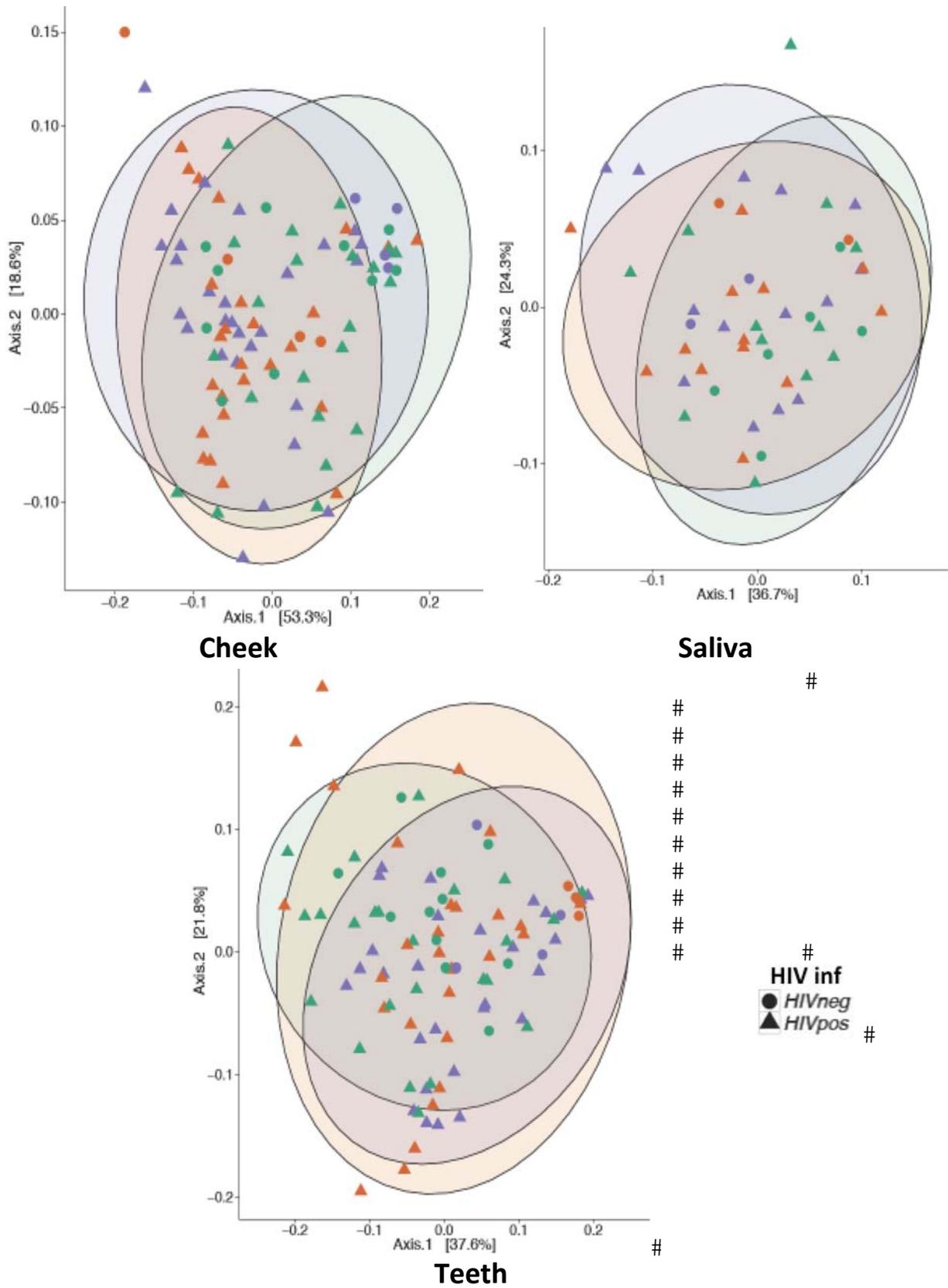
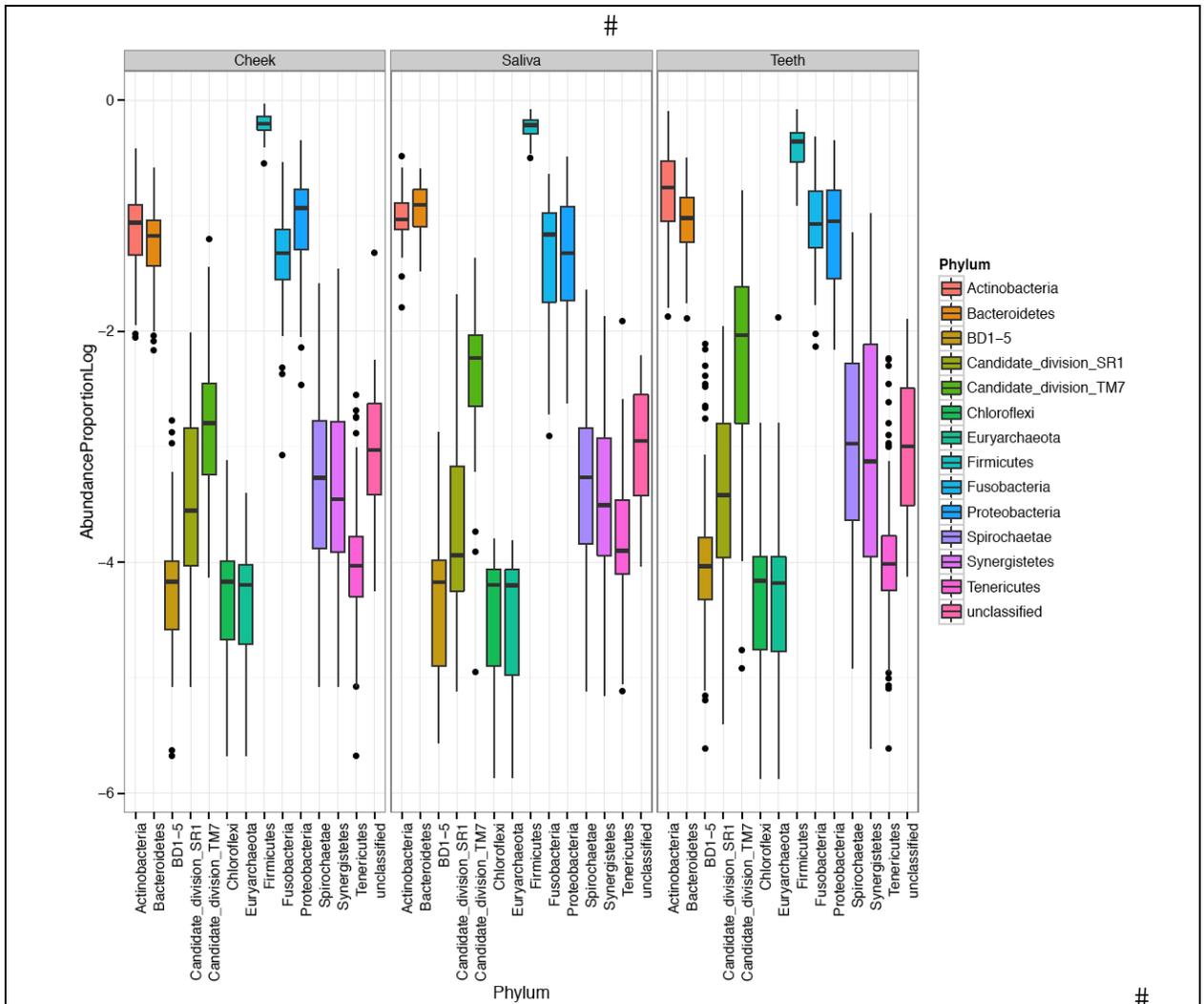
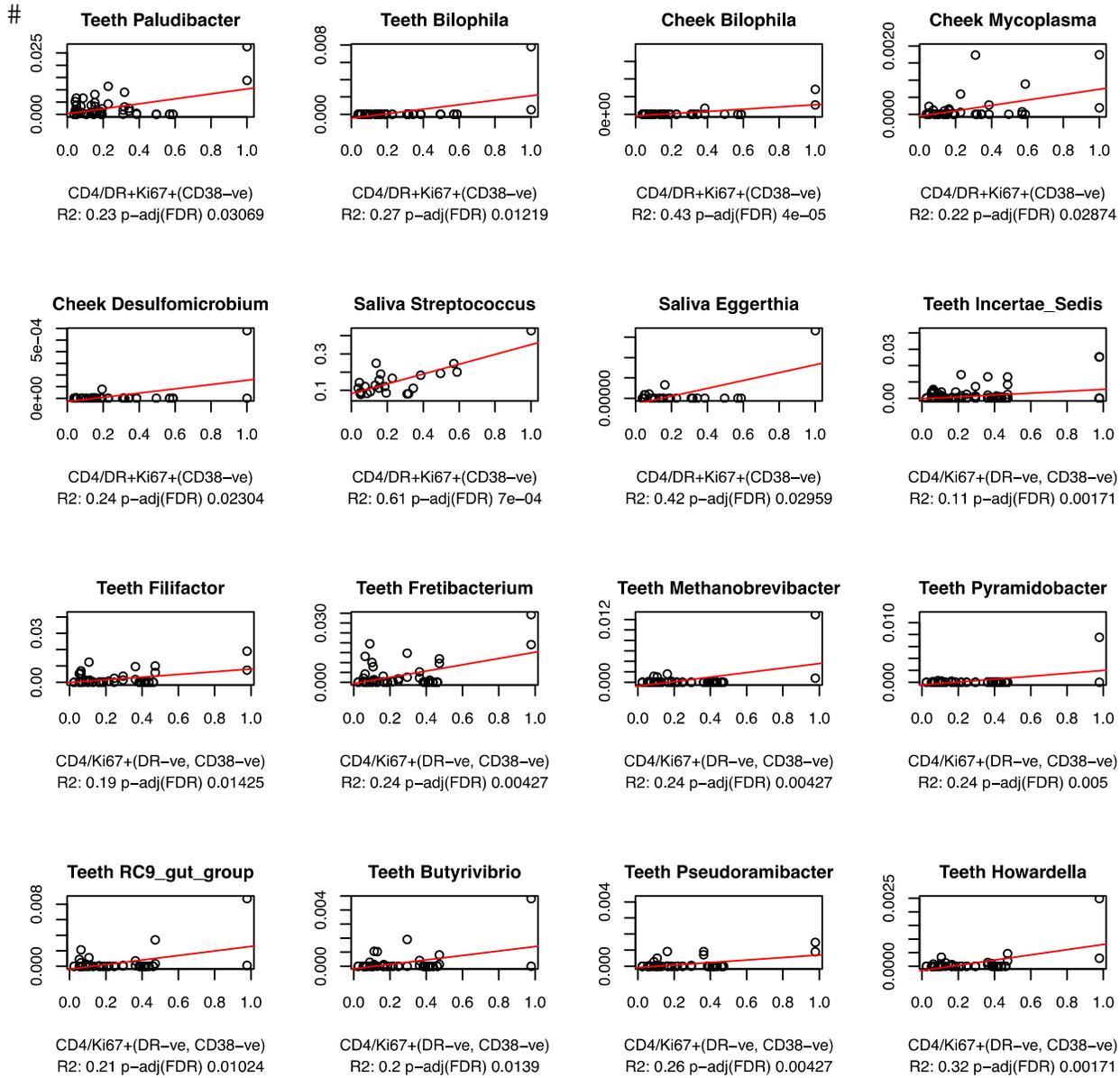


Figure S2. PCoA separate plots stratified by sampling site. No clustering is observed along different PD stages or HIV infection status when sampling sites are analyzed separately- #



FigureS3. Boxplots showing bacterial phylum \log_{10} transformed abundance proportions for Cheek, Saliva and Teeth samples. *Firmicutes*, *Actinobacteria*, *Bacteroidetes*, *Fusobacteria* and *Proteobacteria* are the most abundant phyla in all sampling sites.#



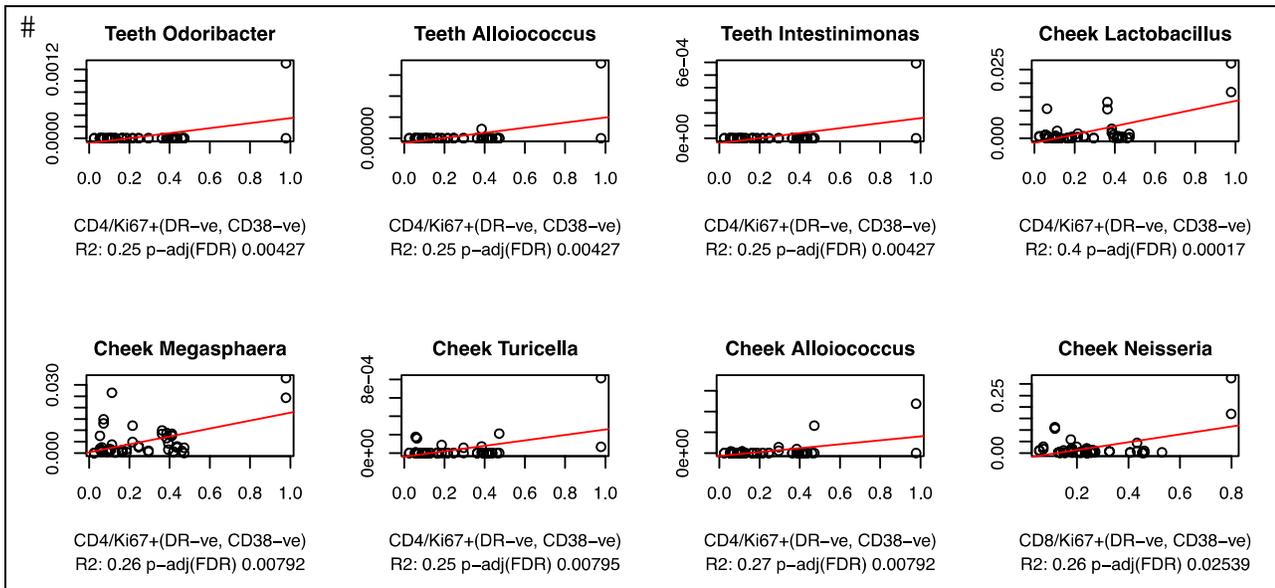


Figure S4. Scatter plots and for significant correlations between the different bacterial genera and immune markers. Note strong Streptococcus genus abundance and the DR+Ki67+(CD38-ve) immune markers.

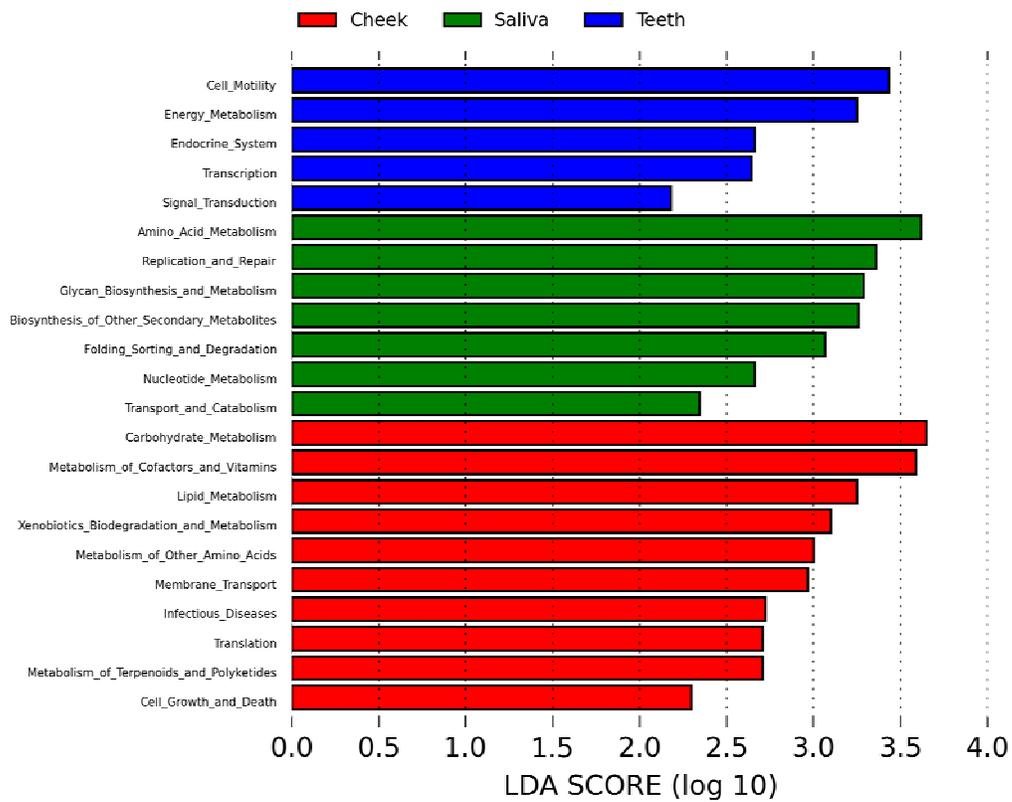


Figure S5. LDA scores for marker KEGG pathways enriched in each sampling site.

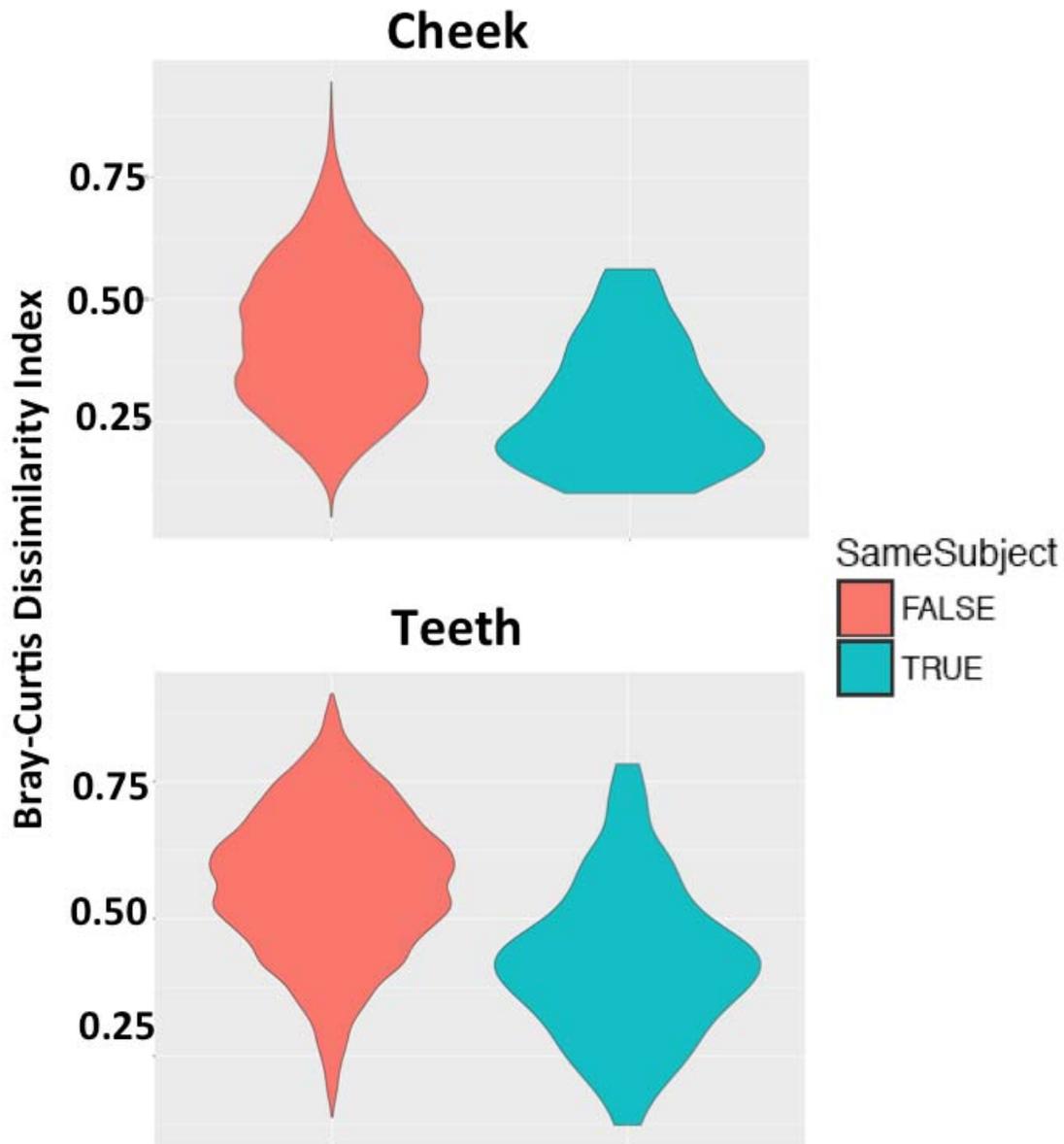


Figure S6. Bray-Curtis dissimilarity measures for inter and intra participant cheek (upper) and teeth (lower) samples. In both sampling sites, intra-participant samples show significantly greater similarity than inter-participant samples, while teeth samples show higher variability. #