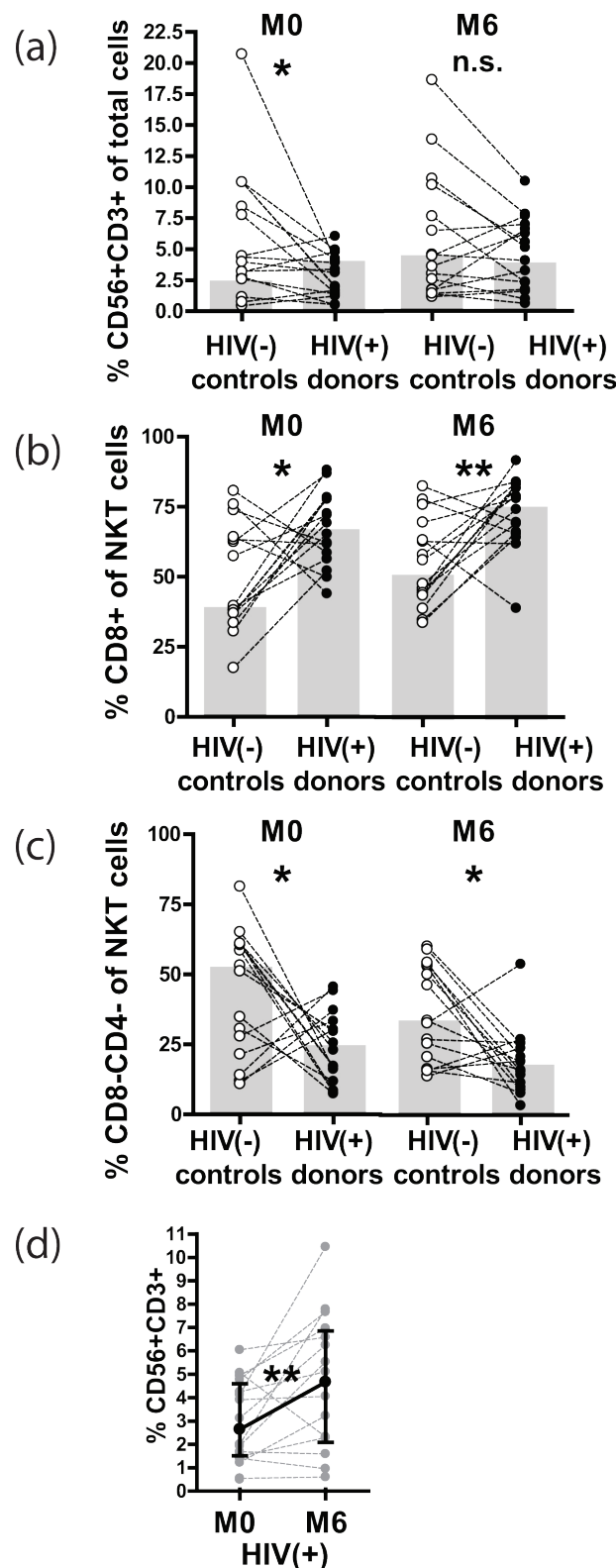
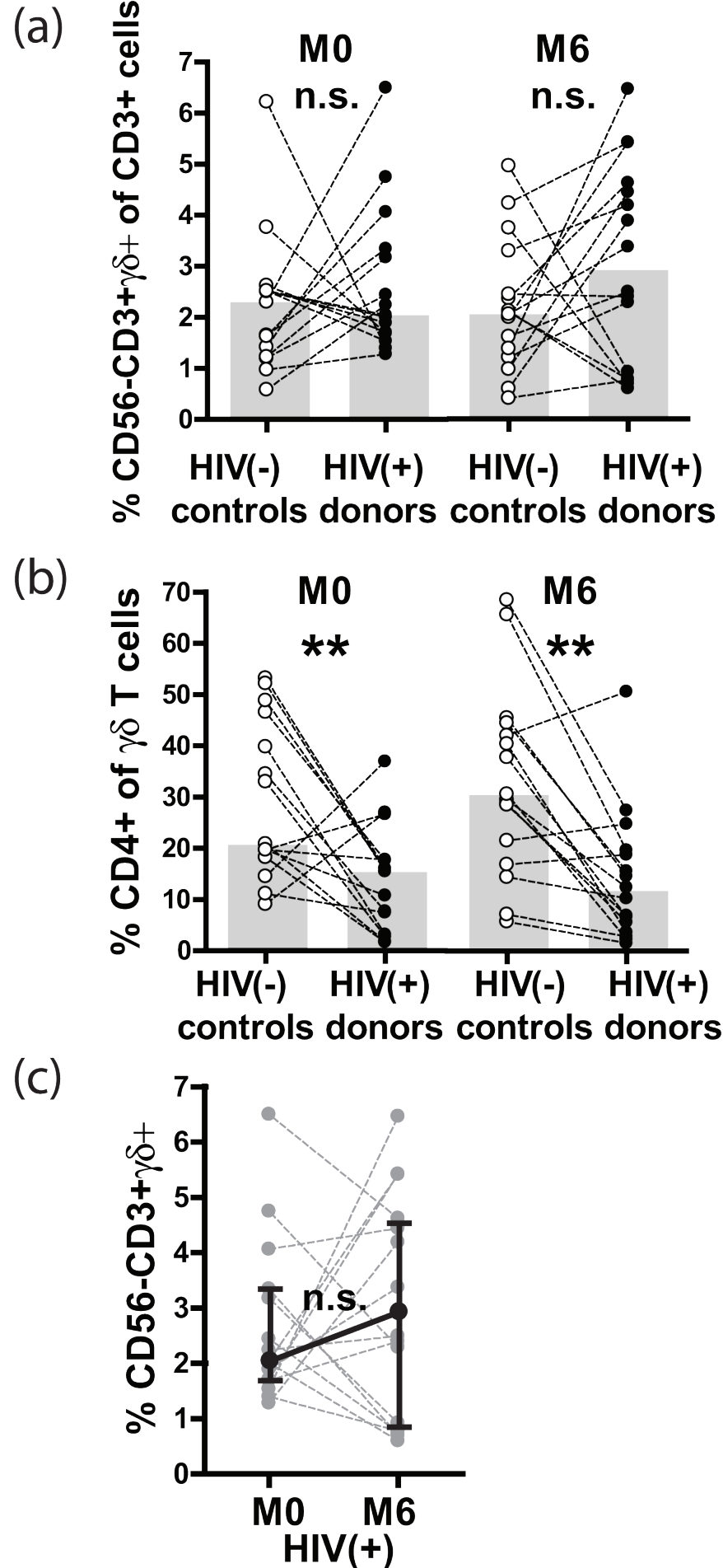


Supplemental Fig. 1: Malaria-specific cytokine responses are impaired in HIV(+) donors, and do not recover with cART. Cytokine levels were measured in PBMC culture supernatants at various time points for (a) IFN γ , (b) TNF, (c) IL-2, and (d) IL-10. Levels measured in wells containing uninfected RBC were subtracted from levels measured in wells with PEs to determine malaria-specific cytokine production (grey box represents median). HIV(+) donors (black circles) were matched to their HIV(-) controls (white circles). All statistical comparison by Wilcoxon matched pair test. * $p \leq 0.05$, ** $p \leq 0.01$, and *** $p \leq 0.001$, $n = 24$ pairs.



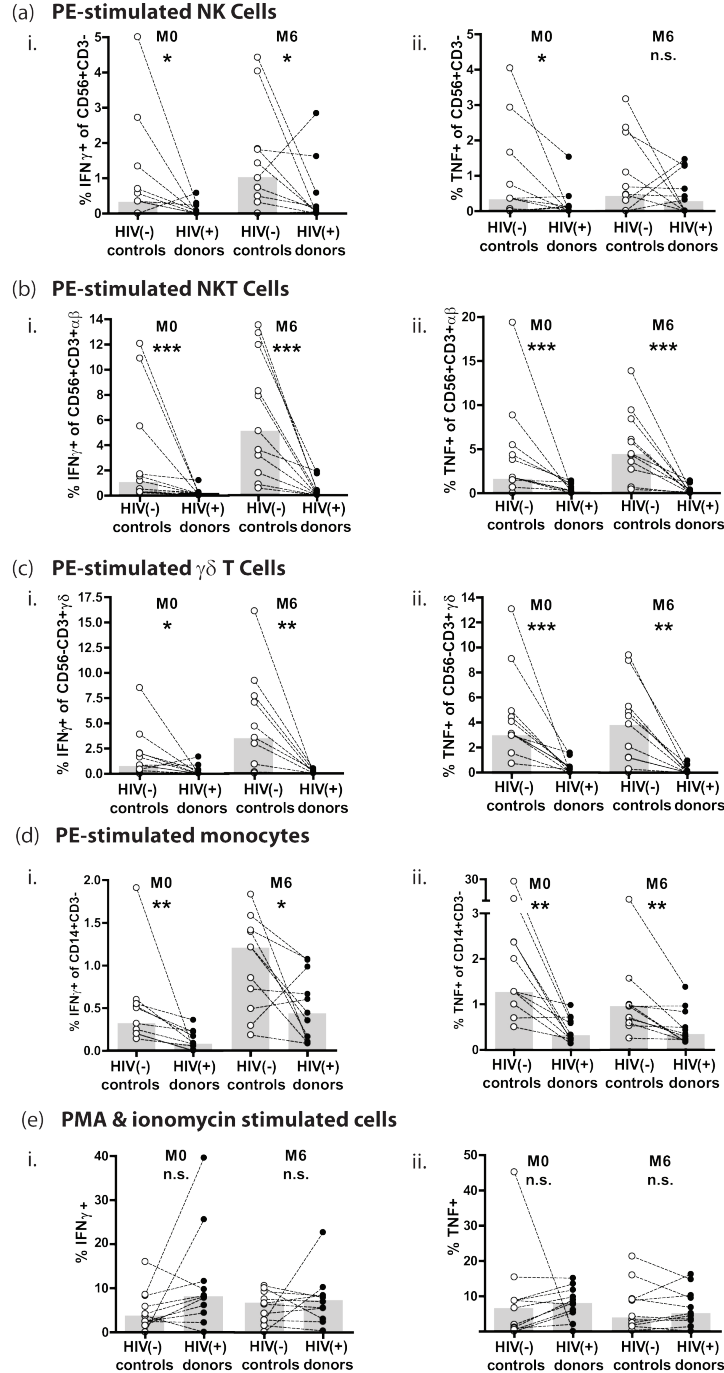
Supplemental Fig. 3: NKT subset differences between HIV(+) and HIV(-) donors persist despite cART.

NKT cell subsets were identified in freshly isolated PBMCs from HIV(+) donors (black circles) and matched HIV(-) controls (white circles) by flow cytometry. Each pair of HIV(+) and HIV(-) donors are connected by a line. Analysis was performed prior to cART initiation (M0) and 6 months post-cART (M6). Grey bars represent median values. (a) NKT cells (defined as the percentage CD14⁻CD3⁺CD56⁺ of total cells); (b) CD8⁺ NKT cell (defined as the percentage CD8⁺ of NKT cells); and (c) CD4⁻CD8⁻ NKT cells (defined as percentage CD4⁻CD8⁻ of NKT cells) percentages for HIV(+) and HIV(-) donors pre- and post-cART. (d) cART-induced changes in NKT cells from HIV(+) donors. All statistical comparisons by Wilcoxon matched pair test, n = 16. * p≤0.05, ** p≤0.01.



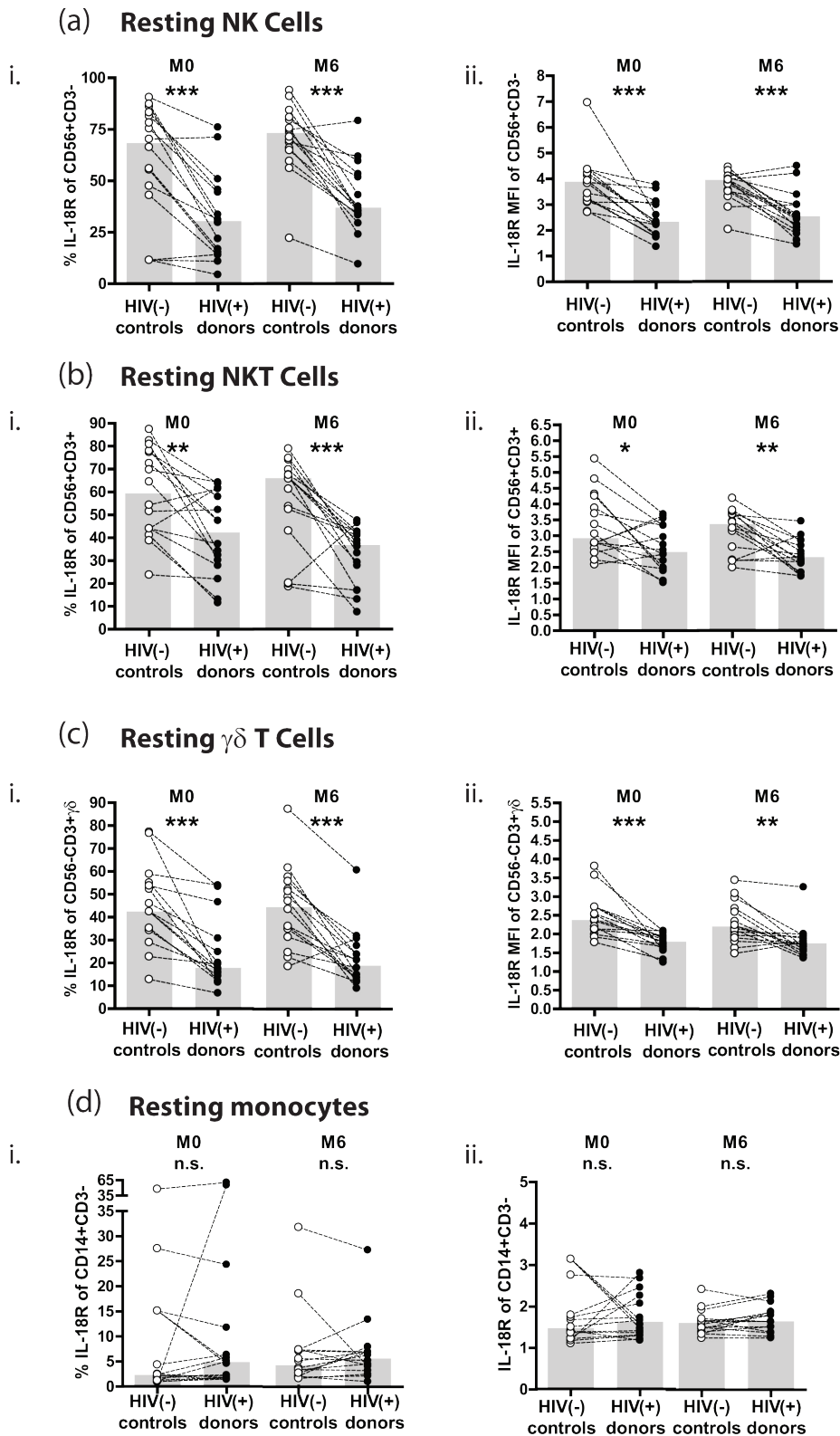
Supplemental Fig. 4: $\gamma\delta$ T cells subset differences between HIV(+) and HIV(-) donors persist despite cART.

$\gamma\delta$ cell T-cell subsets were identified in freshly isolated PBMCs from HIV(+) donors (black circles) and matched HIV(-) controls (white circles) by flow cytometry. Each pair of HIV(+) and HIV(-) donors are connected by a line. Analysis was performed prior to cART initiation (M0) and 6 months post-cART (M6). Grey bars represent median values. (a) $\gamma\delta$ cell T-cells (defined as the percentage CD14⁻CD56⁻CD3⁺ $\gamma\delta$ ⁺ of CD14⁻CD56⁻CD3⁺ cells); and (b) CD4⁺ $\gamma\delta$ cell T-cells (defined as the percentage CD4⁺ of $\gamma\delta$ cell T-cell) for HIV(+) and HIV(-) donors pre- and post-cART. (c) cART-induced changes in $\gamma\delta$ cell T-cells from HIV(+) donors. All statistical comparisons by Wilcoxon matched pair test, n = 15/16. ** p ≤ 0.01.



Supplemental Fig. 5: Innate immune cell malaria-specific cytokine production is impaired by HIV infection, despite cART.

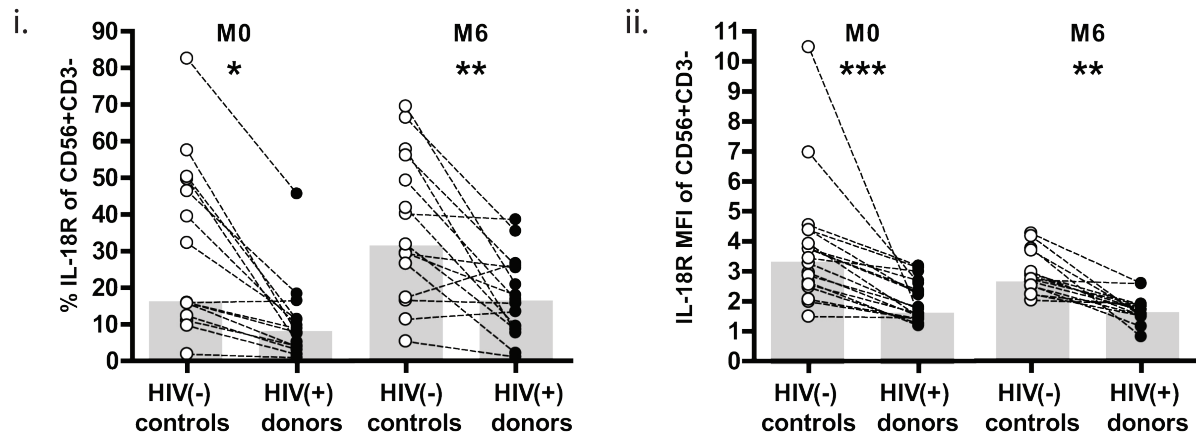
PBMCs isolated from HIV(+) donors (black circles) and HIV(-) controls (white circles) were cultured in the presence of *P. falciparum* PEs for 72 hours prior to intracellular cytokine staining. Analysis was performed prior to cART initiation (M0) and 6 months post-cART (M6). Grey bars represent median values. *P. falciparum* PE-induced IFN γ ⁺ (i) and TNF⁺ (ii) cells within the: (a) NK (CD14⁻CD3⁻CD56⁺) subset (n = 11 pairs); (b) NKT (CD14⁻CD56⁺CD3⁺) subset (n = 11 pairs); (c) $\gamma\delta$ T-cell (CD14⁻CD56⁻CD3⁺ $\gamma\delta$) subset (n = 11 pairs); and (d) monocyte (CD3⁻CD14⁺) subset (n = 11 pairs) are shown for HIV(+) donors compared to HIV(-) controls pre- and post-cART. Levels of IFN γ ⁺ and TNF⁺ cells measured in wells containing uninfected RBC were subtracted from levels measured in wells with PEs to determine malaria-specific cytokine producing cells. (e) PBMC isolated from HIV(+) donors and HIV(-) controls were cultured in the presence of PMA and ionomycin for 72 hours prior to intracellular cytokine staining. Levels (n = 11 pairs) measured in wells containing media alone were subtracted from levels measured in wells with PMA and ionomycin, to determine the cells responding to stimulus. The percentage of IFN γ ⁺ (i) and TNF⁺ (ii) lymphocytes are shown. All statistical comparisons by Wilcoxon matched pair test. * p \leq 0.05, ** p \leq 0.01, and *** p \leq 0.001.



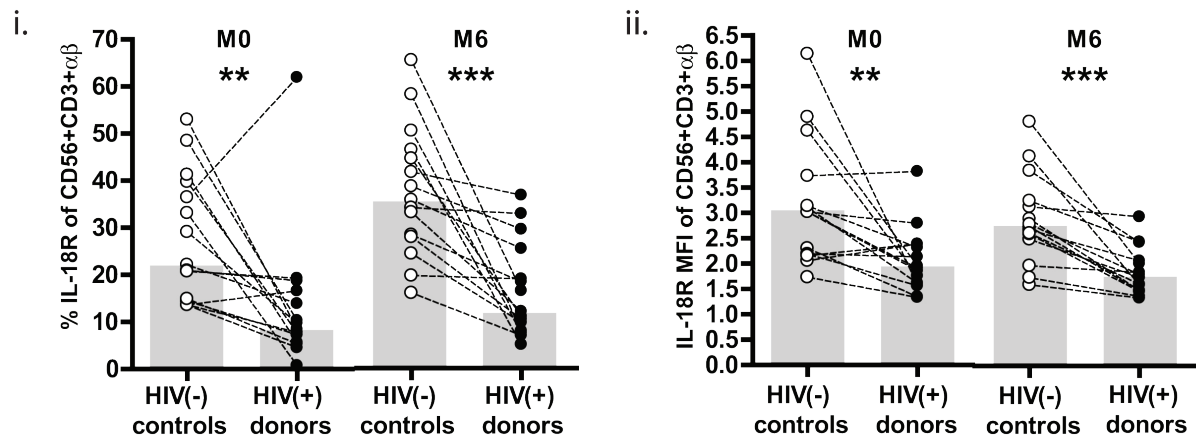
Supplemental Fig. 6: IL-18R levels are lower on resting NK, NKT, $\gamma\delta$ T-cells, and monocytes from HIV(+), and are not restored with cART.

The percentage IL-18R⁺ (i) and IL-18R mean fluorescence index (MFI) (ii) for (a) NK (CD14⁻CD3⁻CD56⁺); (b) NKT (CD14⁻CD56⁺CD3⁺); (c) $\gamma\delta$ T-cells (CD14⁻CD56⁻CD3⁺ $\gamma\delta$); and (d) monocytes (CD14⁺CD3⁻) are shown for freshly isolated PBMCs from HIV(+) donors (black circle) and HIV(-) controls (white circles) analysed by flow cytometry, prior to (M0) and post-cART (M6). Pairs of HIV(+) and HIV(-) donors are connected by lines. MFI was calculated as the mean fluorescence intensity ratio between the IL-18R stained sample and its FMO control. Median levels are in grey (n = 16 pairs). All statistical comparisons by Wilcoxon matched pair test. * p ≤ 0.05, ** p ≤ 0.01, and *** p ≤ 0.001.

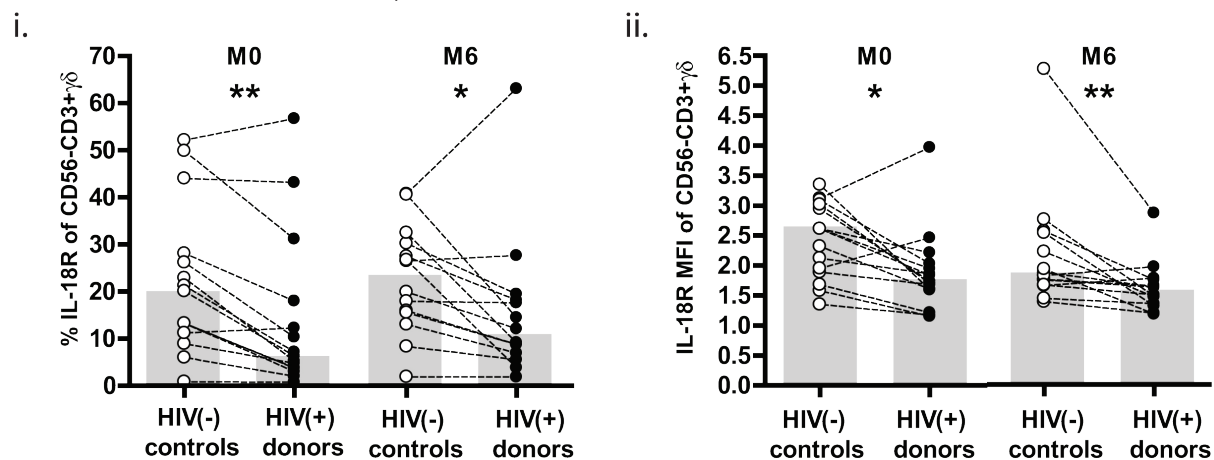
(a) PE-stimulated NK Cells



(b) PE-stimulated NKT Cells



(c) PE-stimulated $\gamma\delta$ T Cells



Supplemental Fig. 7: IL-18R levels are lower on PE-stimulated NK, NKT, and $\gamma\delta$ T-cells from HIV(+) donors, and are not restored with cART.

The percentage IL-18R⁺ (i) and IL-18R mean fluorescence index (MFI) (ii) for (a) NK (CD14⁻CD3⁻CD56⁺); (b) NKT (CD14⁻CD56⁺CD3⁺); and (c) $\gamma\delta$ T-cells (CD14⁻CD56⁻CD3⁺ $\gamma\delta$) are shown for PE-stimulated PBMCs from HIV(+) donors (black circle) and HIV(-) controls (white circles) analysed by flow cytometry, prior to (M0) and post-cART (M6). Pairs of HIV(+) and HIV(-) donors are connected by lines. MFI was calculated as the mean fluorescence intensity ratio between the IL-18R stained sample and its FMO control. Levels (median levels are in grey, n = 14/15 pairs) measured in wells containing uninfected RBC were subtracted from levels measured in wells with PEs to determine malaria-specific levels. All statistical comparisons by Wilcoxon matched pair test. * p < 0.05, ** p < 0.01, and *** p < 0.001.