

**Prolonged-acting, Multi-targeting Gallium Nanoparticles Potently Inhibit Growth of Both
HIV and Mycobacteria in Co-Infected Human Macrophages**

Prabakaran Narayanasamy^{a*}, Barbara L. Switzer^{b,c} and Bradley E. Britigan^{a,b,c*}

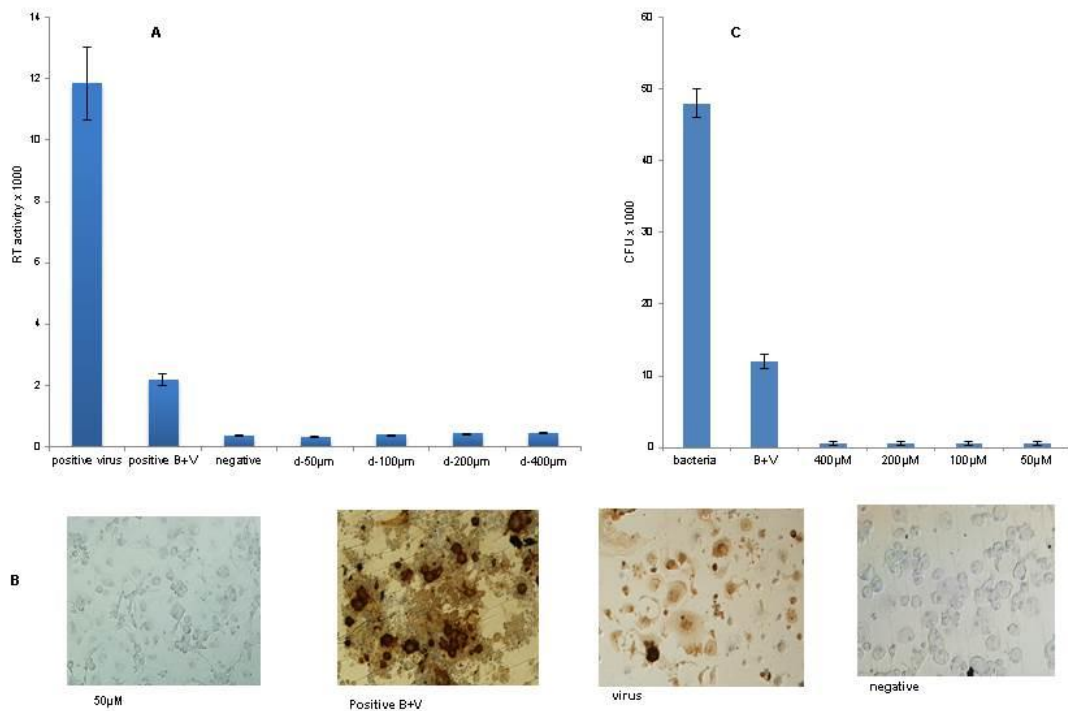
*^aDepartment of Pathology and Microbiology; ^bDepartment of Internal Medicine, College of
Medicine, University of Nebraska Medical Center, Omaha, Nebraska, 68198 and Research
Service, VA Medical Center- Nebraska Western Iowa, Omaha, Nebraska 68105*

Corresponding authors: for PN: p.narayanasamy@unmc.edu; for BB:

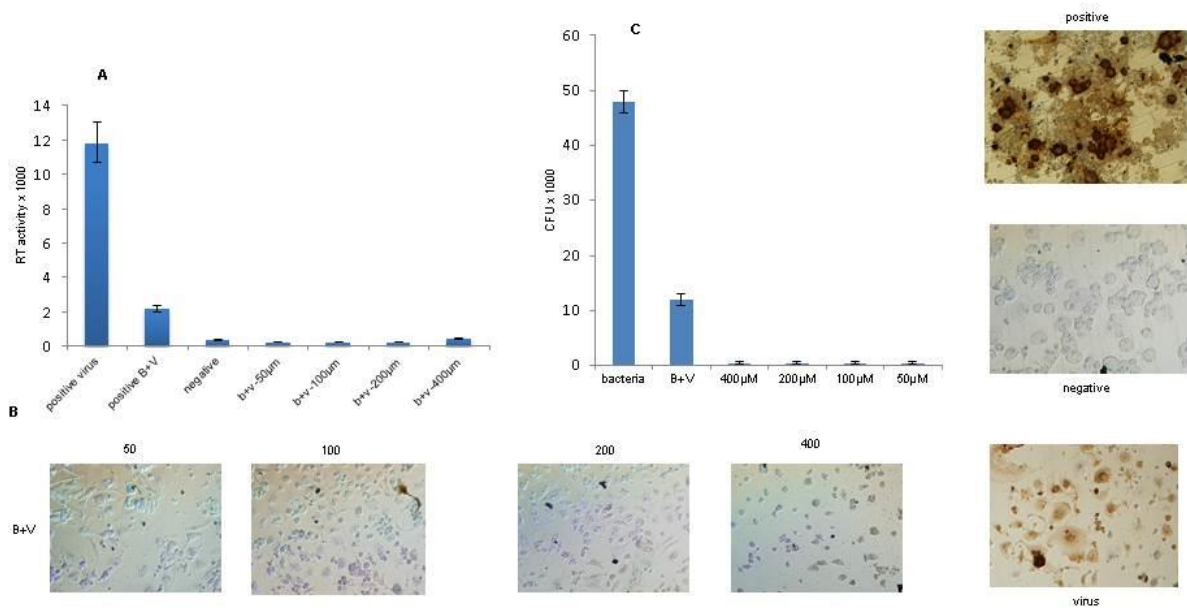
bradley.britigan@unmc.edu

Supporting information

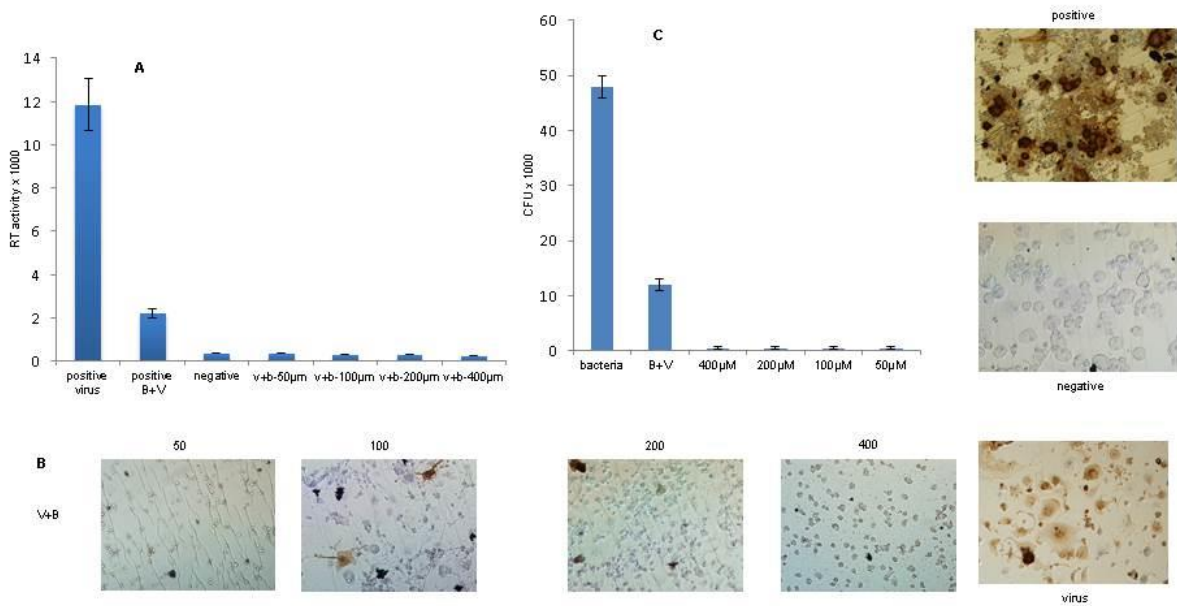
Supplementary Figure 1: **Combined HIV-smegmatis infection and use of isoniazid, rifampin, tenofavir, nevirapine combination.** A). RT assay of HIV from co-infection showing no HIV growth, Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 9, $P < 0.05$. B). P24 staining of co-infected macrophage showing no HIV growth, C). CFU counting of mycobacteria from co-infection showing no bacterial growth. Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 3, $P < 0.05$.



Supplementary Figure 2: **Bacterial infection followed by HIV infection and use of isoniazid, rifampin, tenofavir, nevirapine combination.** A). RT assay of HIV from co-infection showing no HIV growth, Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 9, $P < 0.05$. B). P24 staining of co-infected macrophage showing no HIV growth, C). CFU counting of mycobacteria from co-infection showing no bacterial growth. Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 3, $P < 0.05$.



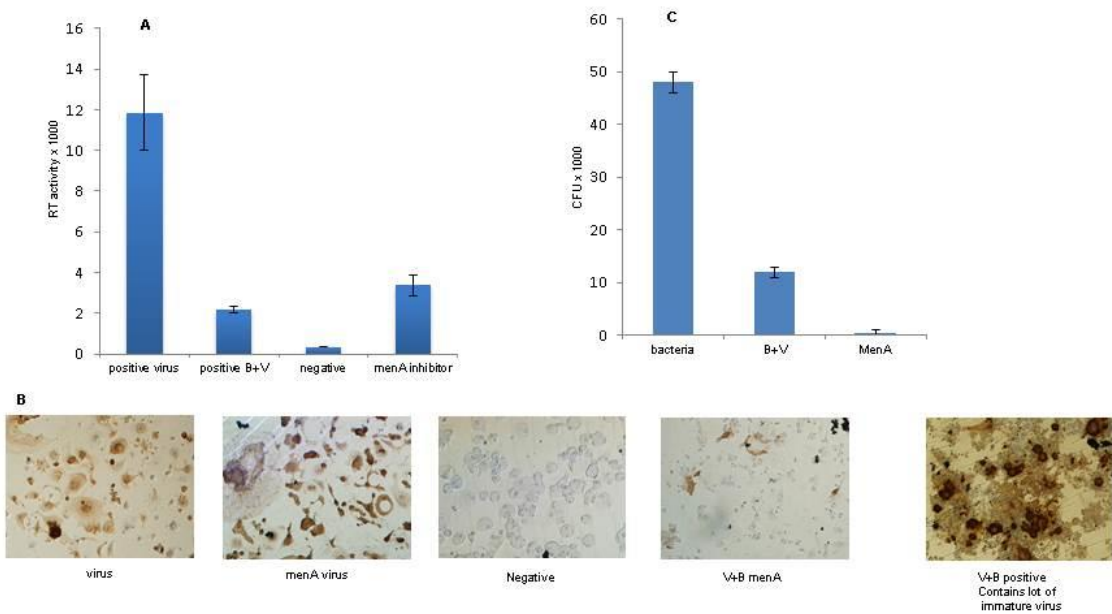
Supplementary Figure 3: **HIV infection followed by bacterial infection and use of isoniazid, rifampin, tenofavir, nevirapine combination.** A). RT assay of HIV from co-infection showing no HIV growth, Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 9, $P < 0.05$. B). P24 staining of co-infected macrophage showing little immature HIV growth, C). CFU counting of mycobacteria from co-infection showing no bacterial growth. Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 3, $P < 0.05$.



Supplementary Figure 4: **Combined HIV-smegmatis infection and use of anti-TB drug.** A).

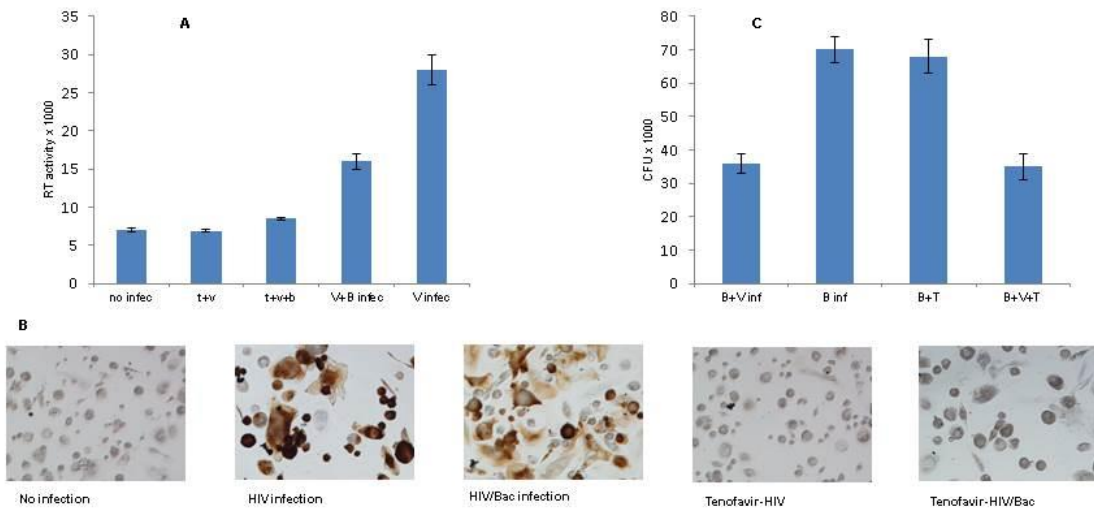
RT assay of HIV from co-infection showing normal HIV growth. Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 9, $P < 0.05$. B). P24 staining of co-infected macrophage showing normal HIV growth,

C). CFU counting of mycobacteria from co-infection showing no bacterial growth. Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 3, $P < 0.05$.



Supplementary Figure 5: **Combined HIV-smegmatis infection and use of antiviral drug**

(tenofavir). A). RT assay of HIV from co-infection showing no HIV growth. Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 9, $P < 0.05$. B). P24 staining of co-infected macrophage showing no HIV growth, C). CFU counting of mycobacteria from co-infection showing normal bacterial growth. Data are analysed using the t-test. Data are shown as mean +/- s.e.m. for n = 3, $P < 0.05$



Supplementary Figure 6: **Combined HIV-smegmatis infection and use Ga-NP.** A). RT assay of HIV from co-infection showing no HIV growth. Data are analysed using the t-test. Data are shown as mean \pm s.e.m. for $n = 9$, $P < 0.05$. B). P24 staining of co-infected macrophage showing no HIV growth, C). CFU counting of mycobacteria from co-infection showing no bacterial growth. Data are analysed using the t-test. Data are shown as mean \pm s.e.m. for $n = 3$, $P < 0.05$.

