In HIV-infected individual, depletion of CD4+ T-cells is associated with a loss immune function. Salivary immunoglobulin A (IgA), is a useful indicator of mucosal immune function. This immune system component is recognized as an important first line of defense on oral mucosal surfaces. Objectives: The aim of this study was to investigate possible alteration in salivary IgA levels in HIV-infected patients and to determine correlation between salivary IgA levels, salivary flow rate (SFR) and CD4 T-Cell count. Methods: this cross-sectional study was performed at Pokdisus AIDS Cipto Mangunkusumo Hospital, Jakarta. Whole paraffin-was- stimulated saliva was collected from 103 HIV-infected patients (age range 20-46 years old) and 30 healthy volunteers as the controls (age range 20-43 years old). Saliva was collected using the spit method. Total salivary IgA in mg/dl was determined by the immunoturbidimetry method using the Behring Turbitimer Analyser. Results: Total salivary IgA levels were 141.55 + 83.23 mg/dl (HIV group) and 97.24 + 38.25 mg/dl (control group). The results indicate that total salivary IgA levels were statistically significant higher in HIV-infected patients compared with controls (p=0.014, Mann Whitney Test). The stimulated flow rates in the HIV-infected patients and controls were 1.82 + 0.98 and 1.78 + 0.79 ml/min. No significant difference was found (P=0.794, Mann Whitney Test). There was a significantly inverse correlation between the salivary flow rate and salivary IgA levels (r=-0.547, p<0.001, spearman’s correlation test). Salivary IgA and Cd4+ T-cell count showed no statistically significant correlation (r= 0.051, p=0.609, Spearman’s correlation-Test). Conclusion: our study indicates that total salivary IgA levels were significantly higher in the HIV-infected patients compared to control, and salivary IgA level seem not ot be related to CD4+ T-cell counts, but there was significant inverse correlation with salivary flow rate.