Chairman Rand Paul, M.D.

U.S. SENATE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

On July 29, 2026, Dr. Anthony Fauci appeared before the Committee under subpoena at a hearing titled "Testimony of Anthony Fauci." He delivered an opening statement and then invoked the Fifth Amendment 111 times, refusing to answer the Committee's questions. Chairman Paul ruled that the privilege did not apply and ordered him to answer. He refused again. On August 6, 2026, the Committee voted to hold Dr. Fauci in contempt of Congress. The records below were released by Chairman Paul. Dr. Fauci refused to answer questions about them under oath.

WHAT THE DOCUMENTS SHOW

1 **FAUCI REPEATEDLY ASKED COLLEAGUES TO DELETE EMAILS HE SENT.**

Over nearly eleven years, Dr. Fauci closed sensitive emails by telling the recipient to delete them upon reading. The instructions appear in messages dated September 26, 2009; December 19, 2011; March 4, 2012; February 2, 2020; and July 20, 2020. In the 2012 email he asked that the message also be removed from the deleted items folder.

2 **FAUCI POINTED THE INTELLIGENCE COMMUNITY WORKING ON ASSESSING THE ORIGIN OF COVID-19 TO THE CONFLICTED AUTHORS OF THE PROXIMAL ORIGIN PAPER.**

A CIA memorandum records that Dr. Fauci encouraged the CIA to contact Robert Garry, Kristian Andersen, and Eddie Holmes. The CIA's own memo notes the common thread: "all three of whom have advocated for features of the virus that they judge to be consistent with a natural origin." Additionally, a July 12, 2021 email from ODNI states that Dr. Fauci had highlighted a scientific article and identified "the authors whose views he thought were particularly important": Edward Holmes, Kristian Andersen, and Andrew Rambaut.

3 **CIA TRANSFERRED FUNDS TO NIAID FOR WORK SHIELDED FROM PUBLIC RELEASE.**

Documents show that the CIA and NIAID had an interagency agreement under which the transfer of funds and the contractual relationship between the two agencies were unclassified but restricted from public release. The agreement provided that NIAID would not disclose the resulting data without the CIA's permission.

4 **IN SEPTEMBER 2015, THE CIA ASKED BSEG FOR INFORMATION ON MERS-COV MUTATION FREQUENCY AND AN ASSESSMENT OF HUMAN-PASSAGE RISK.**

A Biological Sciences Experts Group (BSEG) action request form, submitted by the CIA's Global Health Team on September 4, 2015, asked "for a paper outlining the rate of mutation, the number of passages from human to human to lock in these mutations (or to generate them), and the molecular genetic means through which this is likely to occur."

5 **CIA TOOK PANDEMIC ADVICE FROM A SITTING PFIZER BOARD MEMBER.**

On May 7, 2020, CIA Chief Operating Officer Andy Makridis led a briefing with Dr. Scott Gottlieb, the former FDA commissioner, in his capacity as a member of the agency's External Advisory Board. The agency's own summary of the meeting identifies Gottlieb as a member of the Board of Directors of Pfizer. Gottlieb would later also be consulted by the intelligence community during the Biden Administration's 90-day study on the origins of COVID-19.

From: "Fauci, Anthony (NIH/NIAID) [E]" </O=NIH/OU=NIHEXCHANGE/CN=NIAID/CN=AFAUCI>
To: "Folkers, Greg (NIH/NIAID) [E]" <GFOLKERS@niaid.nih.gov>
Subject: FW: NYT: If AIDS Went the Way of Smallpox
Date: Sat, 26 Sep 2009 17:02:01 -0400
Importance: Normal
Inline-Images: image001.jpg

It is truly amazing how people let their own self-interest drive them to make stupid statements.. Note the "rival" AIDS vaccine specialist. It is almost as if they would rather have no vaccine at all than have a vaccine lead that they had originally disagreed with. They are truly amazing. From a scientific standpoint, I feel that it is likely that the binding antibody response actually did work to a slight to modest degree only because we were looking at a relatively low risk population whose exposure was low dose virus at the mucosal surface. I do not think that this vaccine would have worked at all with gay men getting virus deposited on a frayed rectal mucosa or IDUs shooting the virus right into their blood stream. If these guys would just try to look at this situation in a more analytic sense rather than getting angry because their letter in Science has made fools of them, they might learn something and help the field along.

Please delete this e-mail after you have read it.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [redacted]
FAX: [redacted]
E-mail: afauci@niaid.nih.gov

From: Folkers, Greg (NIH/NIAID) [E]
Sent: Saturday, September 26, 2009 4:33 PM
Subject: NYT: If AIDS Went the Way of Smallpox

If AIDS Went the Way of Smallpox

Stephen Shames/Polaris

LOST AIDS has killed an estimated 25 million people over nearly 30 years, including Victorious, 13, not long after this photograph was taken in Uganda, in 2000.

By DONALD G. McNEIL Jr.
Published: September 26, 2009

What would an AIDS vaccine mean to the world?

In some ways, it would outshine a cure for the common cold. After all, even if the cold and its stealth wingman, pneumonia, kill more people, they don't do it quite so grimly.

People with AIDS tend to die after years of suffering, often screaming from the agony of cryptococcal meningitis or choking on thrush fungus. In poor countries, they too often leave behind a blighted harvest of orphans, coldly furious infected spouses and spiteful neighbors cackling with schadenfreude and lying about their own H.I.V. status.

Those who slip away from pneumonia are usually very old and weak or very young and weak. Families may be bereft, but less often financially and spiritually broken.

On a larger scale, a vaccine would mean so many things: The end of an age of fear that has loomed since the 1980s and has gnawed at Africa the way the Black Death once gnawed at Europe, only more slowly. The savings of billions of dollars. An excuse for the vast new disease-specific institutions like UNAids, the President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria to hold their medal ceremonies, play their anthems, pack up and head home. (Fat chance, since bureaucracies are immortal — though, admittedly, there is no UNSmallpox.) But there is nothing to suggest in the news from Thailand this past week that such an age is dawning.

A vaccine is not just around the corner, and no expert will say it is. In the '80s, top officials embarrassed themselves by predicting one in five years. At the time, the epidemic had killed a few hundred gay American men, hemophiliacs, drug users and transfusion recipients. No one imagined its death march would entrain 25 million as it circled the globe.

Still, for vaccinologists, last week's news was momentous — after 20 years of constant failure, a vaccine appeared to have, for the first time, offered some protection. And it was the largest-ever clinical trial of its type.

But only the numbers that could be wedged into headlines were big. "One Third Protected" was a common one.

In the data itself, the real margin of success was razor-thin: 23 Thais out of 16,395.

That is, three years after getting the vaccine or a placebo, 74 in the placebo arm of the trial became infected while only 51 in the vaccine arm did.

Bloggers with a taste for biostatistics — and one rival AIDS vaccine specialist who declined to be quoted — said it would take only a handful more infected Thais in the vaccine column to shift the results from "statistically significant" to meaningless. Even one more would have weakened the data enough to make headlines saying "One Quarter Protected" more likely, given the way journalists round off numbers.

Which is to say: something as simple as a couple of broken condoms could have altered the conclusions of the trial.

Moreover, even the experts overseeing it — the United States Army, the National Institutes of Health and Thailand's health ministry — could not say why blending two experimental vaccines that had previously failed had suddenly worked. Or sort of worked.

More oddly, the infected people in both arms of the trial had the same amount of virus in their bloodstream. That's unexpected, because normally even a weak vaccine kills some virus.

A few skeptics began to grumble that even faintly rosy conclusions sounded too good to be true.

"One dud plus one dud doesn't make a firecracker," said Gregg Gonsalves, a longtime AIDS activist, referring to the two vaccines by Sanofi-Aventis and Genentech. "They performed pitifully in the past. It's biologically implausible that they would do so well now."

Other groups began to express doubts, not about the data, but about the real-world practicality of what it took to generate it.

This trial was nothing like the recent swine flu vaccine trials: one shot and bingo, protection for a year. Nor like the long-established measles vaccine: one shot and bingo, protection for life (though most children now get a booster to make sure). This was six shots, spaced out over months, ending in weak protection. The next step, some experts suggested, might be even more shots, or the addition of a third vaccine.

That might be practical in rich countries, but the burden of AIDS is in the poorest ones.

"Millions of children across Africa still die of measles simply because the vaccine doesn't reach them," said Barry Coleman, founder of Riders for Health, a British charity that buys and fixes motorcycles for African health workers. People with AIDS don't need, he added, "another breakthrough that does not reach those who need it most."

The next scientific step is obvious. Any time researchers declare a miracle — cold fusion, stem-cell cloning — the first test is whether a rival laboratory can reproduce the results. But this trial defies reproduction: it took six years and $105 million of U.S. taxpayers' money. And there aren't many Thailands in the world — countries that have AIDS circulating widely, but where the health care system is so good and the population so dependable that 90 percent of patients can stick with a study for six years.

So researchers will have to come up with another model. Until then, a vaccine for AIDS remains a dream deferred.

From: "Fauci, Anthony (NIH/NIAID) [E]" </O=NIH/OU=NIHEXCHANGE/CN=NIAID/CN=AFAUCI>
To: "Lane, Cliff (NIH/NIAID) [E]" <CLANE@niaid.nih.gov>
Subject: FW: help! H5N1 taskings mishegoss
Date: Mon, 19 Dec 2011 21:26:30 -0500
Importance: Normal

I do not want to put down in an e-mail what I think of all of this. Entirely predictable, however. We should discuss at your convenience. Please delete e-mail after you read it.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [redacted]
FAX: [redacted]
E-mail: afauci@niaid.nih.gov

From: Patterson, Amy (NIH/OD) [E]
Sent: Monday, December 19, 2011 8:25 PM
To: Collins, Francis (NIH/OD) [E]; Hudson, Kathy (NIH/OD) [E]; Tabak, Lawrence (NIH/OD) [E]; Fauci, Anthony (NIH/NIAID) [E]; Auchincloss, Hugh (NIH/NIAID) [E]; Burklow, John (NIH/OD) [E]
Subject: help! H5N1 taskings mishegoss

Francis,

I just had a concerning discussion with Kris Beardsley of NSS. There is considerable confusion at the EOP level about the different workstreams in play and consequently who the leads are and what the next steps are. In the confusion, issues have been conflated, and unrealistic and potentially unwise taskings and deadlines are being mandated.

By the end of the call 5 issues/workstreams had been identified and discussed, including timeframes and processes that are new to us and especially concerning. I have outlined them in the table below in terms of Issue, Time Frame, Lead agency, other players, Status/Next Steps, and Comments. Of particular note are items #2 and #3 in the table below. According to her staff, Heidi Avery (NSS) has said that within the next two weeks, not only does a USG-wide mechanism have to be developed by NIH for the “upstream” Federal review of as-yet unfunded research for its dual use potential, but that all of our funded life sciences research must be assessed for its dual use concerns and presumably plans made for managing any concerns identified. NSS staff further report that this was agreed upon in a conversation with Sally Howard (this was not my interpretation of Sally’s email to you this morning in which she recounted her conversation with Heidi.)

I hope that, with your leadership, we can work out very quickly a clearer, more informed, and feasible set of directions on the tasks, timeframes, and who has the lead. In addition, I think you need to know that

tomorrow's sub-IPC meeting is focused on federal decisions about funding research that may raise dual use concerns.

Regards,
Amy

Issue/Workstream	Timeframe	Lead	Other Players	Status/Next Steps	Assumptions, Caveats, Questions, Comments
1. Develop a mechanism for secure distribution of information withheld from published H5N1 manuscripts	Immediate	NIH	• Other HHS components (CDC, OS/ASPR) • Other USG components (State, Commerce, other science agencies, security agencies)	• Comments received from CDC, OGC, and ASPR • Revisions will be finalized 12/20/11 • After HHS position developed, need to convene interagency discussion	Assumes that the journals will publish an abridged version of both manuscripts. This is not 100% certain. Has the HHS position been finalized and is NIH responsible for convening the interagency discussion? Kris and Diane DiEuliis seemed to think so.
2. Develop a formal, USG-wide "upstream" process by which science funding agencies assess the dual use potential of research being considered for funding and determine whether any conditions need to be set for those determined to be DURC (dual use research of concern). For example, should the work be conducted at all, does the work need to be classified, should there be notice of potential restrictions on communication or sharing of research materials?	Very short term (within 2 weeks)	NIH?		Sub-IPC is discussing this Tuesday, Dec 20.	Kris said that Heidi is very adamant about this and that whatever NIH decides will be a USG-wide process.
3. Assess all current life sciences research funded by USG agencies and identify those that may pose DUR concerns.	Very short term (within 2 weeks)	All agencies that fund life sciences research			This is simply not feasible in a 2 week period. Program staff will need to be trained about DUR and what to look for.
4. Develop a mechanism for disseminating any DURC information determined to warrant restricted communication.	Mid-term	???	• Other HHS components (CDC, OS/ASPR) • Other USG components	NSABB is currently deliberating on the attributes of what information should not be broadly disseminated and the	

			(State, Commerce, other science agencies, security agencies)	characteristics of a mechanism for securely sharing information that should not be published	
5. Develop a USG policy for local oversight of dual use life sciences information	Longer term	NIH/HHS	Trans-USG	Draft policy exists, being refined. Plan is to publish it in FR for public comment in early 2012.	

From: "Fauci, Anthony (NIH/NIAID) [E]" <AFAUCI@niaid.nih.gov>
To: "Lane, Cliff (NIH/NIAID) [E]" <CLANE@niaid.nih.gov>
Subject: FW: NYT: The Truth About the Doomsday Virus? http://nyti.ms/ypF0RD
Date: Sun, 04 Mar 2012 07:55:51 -0500
Importance: Normal

Cliff:
The article below relates to an editorial in today's N.Y. Times. Clearly, people are getting to Phil Boffey and he is swallowing it. I predicted this. The NSABB will circle the wagons and claim that their decision in no way was influenced by the fact that they did not realize that the aerosol-transmitted virus did not kill any ferrets or that the engineered virus was poorly transmissible compared to seasonal H1N1 or that the tracheal experiments required 100 X to 1000X the usual challenge dose to kill the ferrets or that prior infection with seasonal flu (even H3N2) protected the animals against tracheal challenge. They will say that it was the mere fact that the virus was made transmissible in ferrets when it was not transmissible before engineering and passage. If this is the case and they do not change their recommendation, the field of research on influenza transmissibility and host adaptability has a very serious problem. Please delete this e-mail and then delete from the deleted file.
Tony

Anthony S. Fauci, MD
Director
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Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: [redacted]
FAX: [redacted]
E-mail: afauci@niaid.nih.gov

From: Fauci, Anthony (NIH/NIAID) [E]
Sent: Saturday, March 03, 2012 8:48 PM
To: Collins, Francis (NIH/OD) [E]
Subject: FW: NYT: The Truth About the Doomsday Virus? http://nyti.ms/ypF0RD

Francis:
Phil Boffey is really off base here. See yellow highlight. What is he talking about the NIH's reputation being on the line? The NSABB overwhelmingly agreed that the research was important and should have been funded by NIH. They recommended that the publication be restricted. We accepted their recommendation and began to implement it. Now we have additional and clarifying information from the Geneva Meeting and the ASM meeting and we want to give the NSABB the benefit of all of the information and time for further discussion. We are not asking them to change their mind; we just want them to have all of the information. We cannot say this publicly, but it is clear that essentially no one on the NSABB (certainly not its Chair) appreciated that the animals infected by aerosol did not get seriously ill and none of them died. The NSABB may well say that this confusion did not influence their decision and that they stick by their recommendation. That is their choice. But what does that have to do with the NIH's reputation? I had spoken to Phil Boffey after the ASM meeting since he called me to clarify some points about what was discussed at the ASM meeting. He e-mailed me tonight to give me a heads-up that the editorial was coming on Sunday. I called him up but got voice mail. I will give him a call first thing next week and find out what is on his mind. He is acting like a mischievous guy.

Talk to you tomorrow at 4:00 PM.
Thanks,
Tony

From: Folkers, Greg (NIH/NIAID) [E]
Sent: Saturday, March 03, 2012 6:14 PM
Subject: NYT: The Truth About the Doomsday Virus? http://nyti.ms/ypF0RD

Editorial

The Truth About the Doomsday Virus?

Published: March 3, 2012

Two months ago we warned that a new bird flu virus — modified in a laboratory to make it transmissible through the air among mammals — could kill millions of people if it escaped confinement or was stolen by terrorists. Now Ron Fouchier, the Dutch scientist who led the key research team, is saying that his findings, which remain confidential, were misconstrued by the press.

Related

- **Genetically Altered Bird Flu Virus Not as Dangerous as Believed, Its Maker Asserts (March 1, 2012)**
- **Health Guide: Avian Influenza**

He says that the virus did not spread easily and was not lethal when transmitted from one ferret to another by coughing or sneezing, and that it became highly lethal only when big doses were injected into the animals' windpipes.

That is hard to square with his original assertions. Experts who read his original manuscript say it reported that the new virus spread through the air and remained as virulent as the natural virus, which has killed 60 percent of the humans it has infected.

Dr. Fouchier's new claims are only the latest bizarre twist in a global health debate that badly needs an objective, independent arbiter. The public needs to know whether this virus is a potentially big killer, and if so, how it should be contained. It needs to know what details can be published without giving terrorists a recipe for a biological weapon. And it needs to know that a mechanism will be put in place to assess all the risks and benefits of such research before it is approved — not after a new virus has been created.

The debate became public after a federal advisory board, the National Science Advisory Board for Biosecurity, recommended that papers prepared by Dr. Fouchier's group and researchers doing similar work at the University of Wisconsin-Madison be published only after omitting details that might help terrorists. That drew charges of censorship from some scientists, and others warned that restricting the information would make it harder to track and combat an outbreak of a similar strain.

The World Health Organization convened a closed meeting of 22 experts last month, which concluded that the research should eventually be published in full. The group was dominated by participants with a clear stake in

publication — including the researchers who made the viruses, the journals that want to publish their papers in full, and developing countries that want access to full details in exchange for having contributed the viruses that were studied.

Now this country's National Institutes of Health, which financed the research and has its own reputation on the line, is asking the biosecurity advisory board to reconsider its call to redact details before publication.

We welcome a new appraisal from a board that has already shown considerable independence. We hope it will look beyond the security and terrorism issues and voice its opinion on what safety precautions should be required to prevent the virus from escaping and whether the work should proceed at multiple labs or possibly be halted.

These issues need to be resolved by experts who do not have institutional biases or turf to protect. The World Health Organization should be in the best position to oversee a response to what is a global problem. Its first effort was one-sided and disappointing, but it has pledged to convene further meetings with a much broader range of experts and interested parties. It must ensure that these forums are not rubber stamps for what the narrower special-interest group just concluded.

These are complicated issues, and the stakes are enormous. Governments and scientists have a clear responsibility to get this judgment and future efforts right.

From: "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
To: "Collins, Francis (NIH/OD) [E]" <collinsf@od.nih.gov>
Subject: FW: 2019nC-V
Date: Sun, 02 Feb 2020 14:15:16 -0500
Importance: Normal

I agree with you. Mike and Bernhard are good people but they really slow things down, particularly Mike Ryan whose main concern is not offending anyone. Please delete this e-mail after you read it.

From: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>
Sent: Sunday, February 2, 2020 1:45 PM
To: Jeremy Farrar <J.Farrar@wellcome.ac.uk>
Cc: Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Tabak, Lawrence (NIH/OD) [E] <lawrence.tabak@nih.gov>
Subject: Re: 2019nC-V

Sounds mostly encouraging though I don't understand the choice of working through Mike and Bernhard and not just going straight to Tedros. But that's fine as long as these next steps are initiated very quickly!
FC

Sent from my iPhone

On Feb 2, 2020, at 12:48 PM, Jeremy Farrar <J.Farrar@wellcome.ac.uk> wrote:

Mike and Bernhard
Thank you for phoning – very helpful, copying in Francis and Tony as well as Tedros.

Fully agree with your summary.

- Best is if this is addressed under the umbrella of WHO
- Has to be framed as 'To understand the source and evolution of the 2019n-CoV"
    - Within that a number of issues to be addressed including – Environmental and animal sampling, human viral genome sequencing and analysis, and more
- Quickest is via a Working Group within an established structure rather than set something new up
- Multiple options for this within WHO
- Mike and Bernhard will work out best approach
- Appreciate the urgency and importance of this issue in midst of a very troubling epidemic
- Gathering interest evident in the science literature and in mainstream and social media to the question of the origin of this virus
- Critical that responsible, respected scientists and agencies get ahead of the science and the narrative of this and are not reacting to reports which could be very damaging.
- I am sure I speak for Francis and Tony when I say we are here and ready to play any constructive role in this
- Do think this is an urgent matter to address (among many we appreciate)
- Fully agree to your comments on the GCM.

Hope that is a reasonable summary

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From: "Fauci, Anthony (NIH/NIAID) [E]" <afauci@niaid.nih.gov>
To: "Greg Folkers (GFOLKERS@niaid.nih.gov)" <GFOLKERS@niaid.nih.gov>
Subject: FW: rand paul tweet // Not really fair to compare states with countries, but NY death rate is hugh
Date: Mon, 20 Jul 2020 20:27:00 -0400
Importance: Normal
Inline-Images: image001.jpg; image003.jpg; image004.jpg

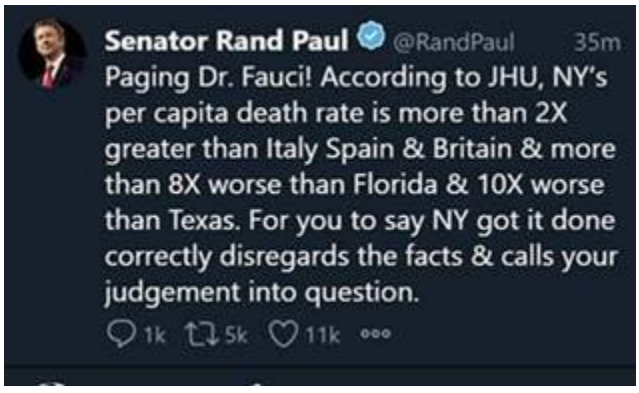
Greg:
As usual he s full of s..t. Mark Meadows curiously had to same response and was upset when I said that NY got things right by finally getting the numbers down and successfully began opening up. I will paste in a note I sent to Mark:

I am sorry, Mark. I do not think you are missing anything and I understand what you are saying, but I guess we are just looking at this from different perspectives. NY certainly made mistakes, but we learned a lot from the difficult experience that they went through that hopefully benefitted cities and states that subsequently got hit. I am just talking about the fact that they got the numbers down and now they seem to be opening safely and successfully. Also, please forgive me because I am not trying to be contrary, but let us look at the numbers. The NY Metropolitan area has a population of 20.3 million. With 32,000 deaths, the death rate at the population level is 0.0016. Miami Dade county has a population of 2,717,000. With 5000 deaths, the death rate at the population level is 0.0018, and they are not out of it yet. And so on a population level Florida may ultimately turn out not to be too different from NY.

I do not want to engage any more with this nonsense. An so, please delete this e-mail after you read it/

Thanks,
ASF

From: Folkers, Greg (NIH/NIAID) [E] <gfolkers@niaid.nih.gov>
Sent: Monday, July 20, 2020 2:33 PM
To: NIAID OD AM <NIAIDODAM@niaid.nih.gov>; Haskins, Melinda (NIH/NIAID) [E] <haskinsm@mail.nih.gov>; Selgrade, Sara (NIH/NIAID) [E] <sara.selgrade2@nih.gov>; Crawford, Chase (NIH/NIAID) [E] <chase.crawford@nih.gov>
Subject: rand paul tweet // Not really fair to compare states with countries, but NY death rate is hugh



Released by Chairman Rand Paul

Now | Yesterday | Search:

USA State	Total Cases	New Cases	Total Deaths	New Deaths	Active Cases	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Source	Projections
USA Total	3,928,642	+30,092	143,536	+247	1,970,948	11,869	434	48,610,322	146,858		
New York	434,633	+469	32,582	+12	156,796	22,342	1,675	5,164,812	265,494	[view by county] [1] [2] [3]	[projections]
California	391,084		7,716	+3	278,628	9,898	195	6,286,852	159,112	[view by county] [1]	[projections]
Florida	360,394	+10,347	5,075	+90	316,879	16,780	236	3,052,106	142,106	[view by county] [1] [2]	[projections]
Texas	339,210		4,063		162,211	11,699	140	3,207,857	110,631	[view by county] [1] [2]	[projections]

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
	World	14,753,029	+117,477	610,867	+2,298	8,805,686	5,336,476	59,701	1,893	78.4			
1	USA	3,928,642	+30,092	143,536	+247	1,814,158	1,970,948	16,550	11,865	434	48,610,322	146,813	331,102,850
2	Brazil	2,102,559	+2,663	79,590	+57	1,371,229	651,740	8,318	9,888	374	4,911,063	23,096	212,636,496
3	India	1,153,824	+35,717	28,099	+596	724,702	401,023	8,944	836	20	14,047,908	10,175	1,380,678,271
4	Russia	777,486	+5,940	12,427	+85	553,602	211,457	2,300	5,328	85	25,251,614	173,030	145,937,857
5	South Africa	364,328		5,033		191,059	168,236	539	6,139	85	2,471,747	41,651	59,344,794
6	Peru	353,590		13,187		241,955	98,448	1,293	10,717	400	2,063,240	62,534	32,993,724
7	Mexico	344,224	+5,311	39,184	+296	217,423	87,617	378	2,668	304	821,922	6,372	128,999,581
8	Chile	333,029	+2,099	8,633	+130	303,992	20,404	1,764	17,414	451	1,420,390	74,271	19,124,453
9	Spain	307,335		28,420		N/A	N/A	617	6,573	608	6,026,446	128,892	46,755,761
10	UK	295,372	+580	45,312	+12	N/A	N/A	142	4,350	667	13,459,190	198,208	67,904,526
11	Iran	276,202	+2,414	14,405	+217	240,087	21,710	3,583	3,286	171	2,175,217	25,882	84,044,752
12	Pakistan	265,083	+1,587	5,599	+31	205,929	53,555	1,552	1,199	25	1,740,768	7,874	221,084,562
13	Saudi Arabia	253,349	+2,429	2,523	+37	203,259	47,567	2,196	7,272	72	2,728,424	78,315	34,839,236
14	Italy	244,624	+190	35,058	+13	197,162	12,404	47	4,046	580	6,262,302	103,583	60,456,923