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Our Story

Is It Safe To Donate Blood If You've Been Diagnosed With Lyme Disease?

By Jenny Menzel, H.C. • ProHealth.com • March 24, 2020

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In light of COVID-19, blood service providers around the country are asking for donations. But is this an area in which Lyme disease patients can help? The risk of whether tick-borne diseases infect

American blood banks is hotly debated. While some studies and documented cases have traced transfusion-transmitted tick-borne infections back to donors, Lyme disease is not on the list of threats at this time. However, Lyme has secured itself as the most common and fastest-growing vector-borne illness in the United States, and with the Centers for Disease Control and Prevention (CDC) projecting above 300,000 new infections annually, the matter begs for more research. By comparison, each year there are six times more new cases of Lyme than HIV and AIDS, with Lyme disease receiving less than 1% of HIV funding.

Are climbing infection rates, unreliable diagnostic tests, insufficient treatments, and lax donor eligibility guidelines creating the perfect storm for unrecognized transfusion-transmitted Lyme disease? With continued nationwide blood shortages, the urgent need for donations remains high. While donor eligibility guidelines seem to be a straight line for acute, early-onset Lyme disease, that line blurs when we consider the intricacies of Lyme, especially of patients with Post Treatment Lyme Disease Syndrome (PTLDS), more

colloquially known among the patient population as chronic Lyme disease
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What is the current standard of eligibility? If you've ever been diagnosed with Lyme disease, here is what you need to know about this ongoing discussion to best determine whether it is safe for you to donate blood.

Lyme Disease and Blood Donation

1. Has your Lyme disease been resolved? The main requirement to determine if you are eligible to donate blood after testing positive for Lyme disease is that you have resolved or cured the infection. "Individuals being treated for Lyme disease with an antibiotic should not donate blood. Individuals who have completed antibiotic treatment for Lyme disease may be considered as potential blood donors," states the CDC (<https://www.cdc.gov/lyme/faq/index.html>).

Donor eligibility varies slightly amongst states and collection sites, but most sites carry similar guidelines. For example, the blood service provider Vitalant requires a 30-day wait after a Lyme diagnosis, completion of a standard 21-day antibiotic treatment, and being free of symptoms (https://www.prohealth.com/library/evergreen_pages/lyme-disease-symptoms) at the time of donation in order to be eligible to donate. On the other hand, the American Red Cross, which accounts for 45% of the transfused blood in the U.S., requires no wait time following standard Lyme treatment.

If Lyme were defined only as an early, localized illness, meaning it is diagnosed and treated within 1-4 weeks of exposure, it might easily be resolved by CDC-approved standard treatment. However, resolution can be difficult to achieve due to the timing of diagnosis and the current treatment standards set by the Infectious Diseases Society of America (IDSA).

There are three stages of Lyme disease:

1. **Early localized:** 1-4 weeks
2. **Early disseminated:** 1-4 months
3. **Late disseminated:** more than 4 months

Lyme disease specialist Dr. Tania Dempsey (<https://www.drtaniadempsey.com/>), founder of Armonk Integrative Medicine (<http://www.armonkmed.com/>) in New York, explains the differences among the three stages of illness:

"Early localized Lyme disease is the stage when a bull's-eye rash can appear, or patients can develop flu-like symptoms. Some patients don't have any symptoms at this stage. If appropriate antibiotic treatment is started as soon as possible and treated for at least 28 days, although longer courses are sometimes necessary. Resolution of Lyme disease is definitely possible," says Dempsey.

"Once early disseminated Lyme sets in, around one to four months, the symptoms can be more severe, indicating the infection has likely infiltrated the joints, nervous system, and other parts of the body. It is critical that the infection be treated no later than this point, as this increases the likelihood of the development of chronic Lyme disease. Prolonged, multi-drug antibiotic courses may be needed at this stage," she adds.

Once Lyme reaches the late disseminated stage, aggressive multi-antibiotic treatments are often called for by Lyme-literate doctors to reverse damage to the heart, joints, and other body systems, but sometimes damage is irreversible.

“Persistent infection, despite antibiotic treatment, is real and has been shown repeatedly in the lab,” says Dempsey. In fact, a 2018 study (<https://www.jhsph.edu/news/news-releases/2019/three-antibiotic-cocktail-clears-persister-lyme-bacteria-in-mouse-study.html>) confirmed what is still being questioned today by mainstream doctors as a controversial theory. A slow-growing form of *Borrelia burgdorferi* resisted the standard single-antibiotic treatment in test tubes and within a murine model. Where administering one and two-antibiotic treatments failed to resolve resistant *Borrelia*, a three-antibiotic cocktail — which includes daptomycin, doxycycline and ceftriaxone – was administered to infected mice and proved to fully eradicate the bacteria. This widely opens the door to doubt as to whether the standard Lyme treatment is adequate in resolving infection, especially in later stages of illness where early diagnosis was missed.

2. Do you have active symptoms? With resolution of infection comes the assumption that symptoms of the illness are gone. When asked about chronic Lyme patients that display symptoms such as arthritis and ongoing fatigue after the standard 21-day treatment, American Red Cross only considers ineligibility if the symptoms include a fever or a rash. “We don’t have a set list of symptoms we look at. As long as you don’t have a fever or feel unwell at the time of donation, lingering symptoms like joint pain or fatigue (<https://www.prohealth.com/library/an-introduction-to-four-supplements-for-lyme-disease-mitochondrial-dysfunction-and-mental-and-physical-fatigue-42727>) wouldn’t cause you to be ineligible to donate,” a Red Cross eligibility specialist told ProHealth.

When asked what would constitute active symptoms, Vitalant representatives also provided a nonspecific answer: “If you feel generally good and don’t have a fever, you would be eligible to donate, provided you’ve completed standard antibiotic therapy, and it’s been 30 days after your diagnosis.”

Due to its similarity to syphilis, Lyme was quickly placed into the medical category of “The Great Imitator” as early as the 1980’s when it was shown to mimic over 100 different diseases. Due to flawed diagnostic abilities and a symptom list extending much further beyond a fever and bull’s-eye rash, an untold number of diagnoses are suspected to be missed or delayed. It is no surprise, then, that most of Dempsey’s patients come to her after years of chronic illness and lack of relief. While some know that Lyme disease is at the root of their symptoms, some don’t. “Whether the infection can be fully cleared at this stage is unclear.” Dempsey says. “Patients know their bodies well, and I rely on them to tell me if their symptoms persist or have resolved. However, it is important to note that patients without persistent symptoms could still have hidden *Borrelia* in their cells. They just may not be active or causing any issues.”

Concerns for Further Consideration

We can see how two simple questions can snowball into a complex knot of uncertainty. When it comes to determining whether Lyme patients can transmit *Borrelia* through blood transfusions, the available science has only solidly concluded the following:

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THERE HAVE BEEN NO REPORTS OF TRANSFUSION-TRANSMITTED LYME IN HUMANS

This sounds comforting. Unfortunately, the absence of reports may be due to an absence of monitoring. Regulations and requirements to test blood donors for Lyme disease don't exist, even in high-risk, endemic states like New York. What's more concerning is that even if testing was required, Lyme disease testing (<https://www.prohealth.com/lyme-disease/library/lyme-literate-nurse-practitioner-ruth-kriz-talks-about-diagnosing-lyme-disease-testing-and-communication-strategies-for-patient-and-clinicians-42262>) has been proven to show low sensitivity and low specificity. This means the testing available isn't adequate to provide consistently accurate results, which could confirm a donor is truly resolved of the pathogen that causes Lyme disease. A 2018 article (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6131610/>) in *Frontiers of Microbiology* points out, "No serologic testing or molecular analyses are routinely done which would be needed in order to fully ensure that potential asymptomatic, *Borrelia*-infected donors are excluded from the donor pool."

LYME BACTERIA HAS BEEN TRANSMITTED TO MICE THROUGH BLOOD TRANSFUSION

A 2006 study (<https://pubmed.ncbi.nlm.nih.gov/16995409/>) demonstrated that *Borrelia burgdorferi* was transmitted from infected to naive mice by blood transfusion. Due to the obvious ethical reasons, a similar study has not been reproduced with humans. However, this study supports the notion that untreated Lyme disease may be transmittable through blood. The World Health Organization (WHO) states (<https://www.ncbi.nlm.nih.gov/books/NBK138223/>) Lyme disease "can survive blood storage temperatures," and that transfusion-transmission in humans is "possible but has not been reported."

SIMILAR INFECTIONS LIKE SYPHILIS REQUIRE A ONE YEAR DEFERRAL

Syphilis is caused by *Treponema pallidum*, a spirochete not so dissimilar to the spirochetal bacterium *Borrelia*. The WHO writes in their guidelines on assessing donor suitability for blood donation, "Endogenous bacteria that are transfusion-transmissible include *Treponema pallidum*, *Borrelia burgdorferi*, *Brucella melitensis* and *Yersinia enterocolitica*, but blood donations are routinely screened only for *T. pallidum*." With syphilis requiring a 12-month post-treatment deferral, it seems plausible to at least consider Lyme disease as worthy of a longer deferral period following treatment and symptom resolution. Currently, the WHO recommends (<https://www.ncbi.nlm.nih.gov/books/NBK138223/>) deferring Lyme patients only 28 days following treatment, or a full recovery — whichever is longer.

Drawing Conclusions

Anyone with experience with Lyme knows the diagnosis is shrouded in a controversial haze of conflicting and missing information. This makes for a foggy understanding when it comes to not only accurately diagnosing, but also obtaining appropriate treatment to resolve the varying range of symptoms this tick-borne disease inflicts. Lyme grays a variety of life areas for patients that would otherwise be straightforward, including whether or not one is truly eligible to donate blood without putting recipients at risk for exposure to Lyme disease.

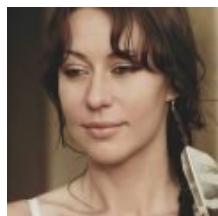
As a specialist in treating complex, chronic cases of Lyme, Dr. Dempsey tends to mostly see very ill patients who are often not well enough to consider the possibility of donating. However, when the topic does present itself, she offers her professional opinion:

“Any patient who has suffered from PTLDS/chronic Lyme or co-infections, including Bartonella (<https://www.prohealth.com/library/is-the-coinfection-bartonella-sidelining-you-92825>) and Babesia (<https://www.prohealth.com/library/lyme-disease-and-coinfections-is-babesia-making-you-sick-92088>), should not donate blood. It is clear from recent research that persistent infection is a real possibility, particularly in patients with continued symptoms. Unfortunately, donor recipients are not given any information about who their donor is or what their medical history is so there is no way for them to have any input about whether the blood has come from someone with chronic Lyme or other tick-borne infection.”

Are you considering donating? Keep the following in mind:

- **Talk to your Lyme specialist or Lyme-literate medical doctor.** If you're interested in donating blood, it's always best to consult with your Lyme specialist or Lyme-literate medical doctor (LLMD) (<https://www.prohealth.com/library/what-is-a-lyme-literate-doctor-and-how-to-find-the-right-one-92738>) beforehand. Determine whether you have remaining symptoms due to persistent infection and whether this causes ineligibility.
- **Know that most blood collection sites will consider you safe to donate.** Persons with acute Lyme disease likely won't feel well enough to consider donating blood, but patients who are labeled cured or in remission may easily be eligible. With this in mind, talk to your LLMD about whether it's safe to donate considering the facts and lack of research available.
- **Speak with the doctor on site.** At most blood donation centers across the nation, there is an on-site doctor available to discuss eligibility in more depth. Use the opportunity to ask questions to ensure you have all the information you both need to make an informed decision on whether blood donation is safe in your case. Since many mainstream doctors aren't aware of the facts surrounding Lyme disease; foster dialogue if they are open to learning.

Ultimately, if you have any doubt about whether or not you're in the clear, the best option would be *not* to donate until there are better diagnostic capabilities and ways to ensure the blood supply can be kept safe from Lyme disease.



(<http://www.jennymenzel.com/>) Jenny Menzel, H.C. (<http://www.jennymenzel.com/>) is a Certified Health Coach and branding specialist for various alternative healthcare practices, and volunteers her design skills to the annual grassroots campaign, the Lyme Disease Challenge. Jenny was diagnosed with Lyme in 2010 after 8 years of undiagnosed chronic pain and fatigue, and continues to improve by employing multiple alternative therapies, including Āyurveda, Chinese Medicine and Bee Venom Therapy.

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