Only three previous reports have shown that HPV B19 can induce aplastic crisis and unmask the HS in a family. Previously in 1984, some researchers reported an adult sibling pair with HS who developed aplastic crisis after a febrile illness, which was further diagnosed as to be HPV B19 infection. The diagnosis of HPV B19 was made based on the basis of specific IgM antibodies in their sera, as PCR was not available. They also found that the children of one of the patients developed HPV B19-induced aplastic crisis, which was resolved with supportive care. These two adult patients were treated by with blood transfusion and supportive care and were discharged after 6–8 days of hospitalization care.

In a similar report in 1987, McLellan and Rutter reported HPV B19-induced aplastic crisis in two teenage sisters, which led to the diagnosis of HS. They both presented with progressive fatigue, dizziness, and pallor after a febrile illness. Their mother also had a history of splenectomy in their mother at the age of 11 years. They both were diagnosed with to have HPV B19 and underwent splenectomy and received supportive care until recovery. In 1962, Chanarin et al. reported aplastic crisis in three members of a family (two sisters and the father). The 10-year-old sister presented with a 7-day history of fever of unknown origin, jaundice, and dark urine. The same illness was reported in the 2-year-old sister and 32-year-old father, who both had HS. The 10-year-old sister was treated with repeated transfusions, splenectomy, and supportive care for 92 days.