Cases in which only three previous reports have shown that human parvovirus B19 (HPV B19) can induce aplastic crisis and unmask hereditary spherocytosis (HS) in a family are rare, with only three cases being reported so far. In 1984, some researchers reported an adult sibling pair with HS who was reported to develop an aplastic crisis after a febrile illness that was further diagnosed as being HPV B19 infection. The diagnosis of HPV B19 was developed based on the presence of specific IgM antibodies in their sera, as PCR-polymerase chain reaction was not available and could not be performed. They also found that the children of one of the patients also developed HPV B19-induced aplastic crisis, which was resolved with supportive care. These two adult patients were treated with blood transfusion and supportive care and were discharged after 6–8 days of hospitalization care. Similarly, in 1987, in a similar report, 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. In addition, 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 they underwent splenectomy and received supportive care until recovery. In 1982, Chanarin et al. reported aplastic crisis was reported in three members of a family (two sisters and their father). One of the sisters, the 10-year-old girl, presented with a 7-day history of fever of unknown origin, jaundice, and dark urine. The same illness symptoms were noted in the other sister (2-year-old sister) and the father (32-year-old father) who both had HS. The elder sister, 10-year-old girl, was treated with repeated transfusions, splenectomy, and supportive care for 92 days.