The year 2020 will forever be marked by the impact of the coronavirus disease 2019 (COVID-19) pandemic and the significant global effect it had on the quality of life and the economy. This year ended with a glimmer of hope when the US Food and Drug Administration (FDA) approved the use of COVID-19 vaccines among those aged 16 years and older. In countries with high rates of vaccination, the vaccine campaign was a success and the number of new infections declined rapidly despite the easing of lockdown restrictions. Regarding the unvaccinated population, (mainly teenagers and children), epidemiological data suggest that the susceptibility and transmission of COVID-19 by children decreases as child age decreases. Children also tend to present more frequently with an asymptomatic form of the disease, resulting more often in favorable outcomes than adults. Nevertheless, recent emergence of new variants has increased the risk of disease transmission and severity in children [1], [2], [3] and therefore, limitations are still required for activities both in school and out.

In May 2021, the FDA and the Committee for Medicinal Products for Human Use (CHMP) approved the use of the COVID-19 vaccine in youth 12 years and older. With this change in regulations, some countries are considering extending the vaccinated population to adolescents 12 to 16 years old, especially in view of new coronavirus variants appearing. They expect that this will be a valuable contribution in pandemic control by increasing herd immunity and aiding in the recovery of the global economy. In order to implement such a strategy, it is important to understand the parent's reluctance to vaccinate their children, as parents are usually the decision makers.

The vaccination campaign started in mid-December, 2020 in Israel. By June 3rd, 2021, 59.4% of the population were fully vaccinated. In this timeframe, the peak 7-day moving average of new infections was 8,624/day on January 17th, 2021. This number gradually declines as the percentage of the vaccined population increases, and reached 15 cases/day at the beginning of June 2021. However, with the delta variant, the weekly average of new cases increased to 450 at the beginning of July. Based on a nationwide Israeli observational study, vaccine efficacy against symptomatic SARS-CoV-2 infection, COVID-19-related hospitalization, and COVID-19-related death exceeded 96% across all age groups. However, the study also observed that the vaccination rate varied with age; for those ≥70 years, the vaccination rate exceeded 95%, while for those 50-70 years it decreased to approximately 90% and for those 20-40 years it further declined to around 80%. The population vaccination rate in Israel finally reached a plateau over the previous two months when first vaccinations increased from 60.7% in April 2021 to 63% in June 2021 [4], [5], [6]. This phenomenon was observed in other countries as well, likely due to vaccine hesitancy. Vaccine hesitancy is defined by the World Health Organization (WHO) as “a delay in acceptance or refusal of vaccination despite the availability of vaccination services” [7]. As the causes of vaccine hesitancy vary by country and are vaccine-specific, this indicates a need to strengthen the ability of national programs to identify local casual factors and develop appropriate strategies [8], [9].