The year 2020 will be remembered for the COVID-19 pandemic and its worldwide unprecedented effects on humans, our quality of life, and the economy. This year ended with a glimmer of hope when the FDA approved the use of COVID-19 vaccination amongst those aged 16 years and up. The vaccine campaign was a success, with the number of new infections declining rapidly despite the easing of lockdown restrictions, in countries with a high rate of vaccinated population.  However, for the mostly unvaccinated teenagers and children, there is still a need for limitations on the activities both within and outside of schools. Epidemiological data show that the susceptibility and transmission of COVID-19 by children decrease as the child's age decrease. Children tend to develop more asymptomatic symptoms and present a more favorable outcome than adults. Although, the recent emergence of new variants increases the children's risk of disease transmission and the disease severity [1], [2], [3].

On May 2021 the FDA and CHMP approved the use of the COVID-19 vaccine for teenagers ages 12 years and above. Some countries consider extending the vaccine population to children ages 12 to 16 years old. They expect that this step will contribute to the control of the pandemic, which is extremely important after the spread of the new variants. By increasing the vaccination rate they hope to reach herd immunity and recover the global economy faster. To apply such a strategy it is important to understand the parent's vaccine hesitancy regarding their children since parents are usually the decision-makers.

In Israel, the vaccination campaign started in mid-December 2020 and by June 3th 2021, 59.35% of the population was fully vaccinated. The highest level of the 7-day moving average of new infections per day was 8,624 on January 17th, 2021. This number has gradually declined as the percentage of the vaccine population increased and reached 15 new cases per day at the beginning of June 2021. However, due to the delta variant, the weekly average of new cases increased to 450 at the beginning of July 2021. Based on Israel's nationwide observational study, vaccine effectiveness against symptomatic SARS-CoV-2 infection, COVID-19-related hospitalization, and COVID-19-related death exceeded 96% across all age groups.

There is a positive correlation between the vaccination rate and age: for 70 years and above the rate exceeds 95%, for 50-70 years it is around 90%, and for 20-40 years around 80%. The percentage of people who were vaccinated in Israel reached a plateau over the previous two months, it (the first vaccine) increased only by 2.3% from 60.7% on April 1st, 2021 to 63% on June 1st, 2021 [4], [5], [6]. This phenomenon exists in other countries as well and is probably caused by 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]. The causes of vaccine hesitancy vary by country and are vaccine-specific, indicating a need to strengthen the capacity of national programs to identify local causal factors and develop appropriate strategies [8], [9].