The year 2020 will be remembered for the COVID-19 pandemic and its significant effects on the quality of life of people and economies around the world. This year ended with a glimmer of hope when the FDA approved the use of a COVID-19 vaccine for those aged 16 and up. The vaccine campaign was a success: the number of new infections declined rapidly in countries with high vaccination rates despite the easing of lockdown restrictions. However, restrictions on the activities of unvaccinated persons (mainly teenagers and children) both in and out of school remain necessary. Epidemiological data show that younger children are less susceptible to COVID-19 and less likely to transmit the disease. Children tend to develop asymptomatic disease and have more favorable outcomes than adults. Nevertheless, the recent emergence of new variants has increased the risk of disease transmission and severity in children [1, 2, 3].

In May 2021, the FDA and CHMP approved the use of a COVID-19 vaccine in teenagers aged 12 years and up, while other countries have considered extending vaccine eligibility to children aged 12 to 16 years old. These changes are expected to help control the pandemic, which has become increasingly important since the emergence of new variants. Specifically, increasing the vaccination rate will allow the population to reach herd immunity and the global economy to recover. Since parents are usually the decision-makers, employing this strategy requires understanding vaccine hesitancy among parents.

In Israel, a vaccination campaign started in mid-December of 2020, and 59.35% of the population was fully vaccinated by June 3rd, 2021. The 7-day moving average of the number of new infections per day peaked at 8,624 on January 17th, 2021, and this number gradually decreased as the proportion of vaccinated individuals in the population increased, reaching 15 new cases per day at the beginning of June 2021. Due to the delta variant, the weekly average number of new cases increased to 450 at the beginning of July. Based on a nationwide Israeli 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. Moreover, the vaccination rate positively correlated with age: it exceeded 95% for those aged 70 and up, and it was approximately 90% and 80% for those aged 50 to 70 and those aged 20-40 years, respectively. The vaccination rate in Israel plateaued over the previous two months; the proportion of individuals receiving the first vaccine increased only 2.3%, from 60.7% on April 1st, 2021 to 63% on June 1st, 2021 [4, 5, 6]. This phenomenon was also observed in other countries and is likely due to vaccine hesitancy. The World Health Organization (WHO) defines vaccine hesitancy as a delay in the 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 casual factors and develop appropriate vaccination strategies [8, 9].