The year 2020 will be remembered for the COVID-19 pandemic and its immense worldwide effects on human quality of life and economics. This year ended with a glimmer of hope when the FDA approved the use of COVID-19 vaccines for people ages 16 years and up. The vaccine campaign was a success; in countries with high vaccination rates, the number of new infections declined rapidly despite the easing of lockdown restrictions. However, restrictions on activities involving unvaccinated populations, primarily children and adolescents, are still needed. Epidemiological data show that the susceptibility of children to COVID-19 and their potential to transmit the disease decrease as age decreases. Children tend to develop asymptomatic disease and present a more favorable outcome than adults. However, the recent emergence of new variants increases the risk to children of severe disease and disease transmission (1, 2, 3).

In May 2021, the FDA and the CHMP approved the use of the COVID-19 vaccine for teenagers ages 12 years and up. Some countries are considering expanding the vaccine-eligible population to children ages 12 to 16 years old. They expect that this step will contribute controlling the pandemic, an important goal in light of the spread of COVID-19 variants. Increasing the vaccination rate will aid in reaching herd immunity and in the recovery of the global economy. In order to apply such a strategy, it is important to understand parents’ vaccine hesitancy regarding their children, as parents are usually the decision-makers.

In Israel, the vaccination campaign started in mid-December 2020. By June 3, 2021,

59.35% of the population was fully vaccinated. New infections in the country, by 7-day moving average, reached a height on January 17, 2021, at 8,624 cases per day. New cases gradually declined as the percentage of the population vaccinated increased, reaching 15 cases per day at the beginning of June 2021. However, due to the delta variant, the average number of new cases per week then increased to 450 at the beginning of July. Based on a nationwide observational study conducted in Israel, 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 vaccination rate and age: for 70 years and above, the rate exceeds 95%; for 50-70 years, it is approximately 90%; and for 20-40 years, approximately 80%. The percentage of people vaccinated in Israel has reached a plateau over the past two months; the percentage of people with one dose of the vaccine increased only by 2.3%, from 60.7% as of April 1, 2021 to 63% by June 1, 2021 (4, 5, 6). This phenomenon exists in other countries as well and is likely 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).