The year 2020 will be remembered for the COVID-19 pandemic and its huge global effects on health, quality of life, and the economy. The year ended with some optimism because the US Food and Drug Administration (FDA) approved the use of COVID-19 vaccination for those aged 16 years and over. The vaccine campaign was a success, and the number of new infections declined rapidly in countries with high vaccination rates despite the easing of lockdown restrictions. However, limits on the activities of the unvaccinated population, who are mainly teenagers and children, both in and outside of school are still needed. Epidemiological data show that in children, the susceptibility to and transmission of COVID-19 increases with age. Children with COVID-19 often do not develop symptoms, and their prognosis is more favorable than that of adults. However, the recent emergence of new variants has increased the risk of disease transmission and severity in children [1]–[3].

In May 2021, the US FDA and Europe’s Committee for Medicinal Products for Human Use (CHMP) approved use of the COVID-19 vaccine in children aged 12 years and up. Some countries are considering extending the vaccine population to those 12–16 years old. They believe that this step will help control the pandemic, which has become extremely important since the spread of the new SARS-CoV-2 variants. Increasing the vaccination rate will help the population reach herd immunity, which will assist the recovery of the global economy. To implement such a strategy, it is important to understand vaccine hesitancy in parents because parents usually decide whether their children will be vaccinated.

“”4 For example, in Israel, the vaccination campaign started mid-December 2020, and by June 3, 2021, 59% of the population were fully vaccinated. The highest seven-day moving average of new infections was 8,624 on January 17, 2021. As the vaccinated population increased, this number gradually declined to XX new cases per week at the beginning of June 2021, but the delta variant caused it to increase to 450 new cases per week by the beginning of July 2021. An observational study found that vaccine effectiveness against symptomatic SARS-CoV-2 infection, COVID-19-related hospitalization, and COVID-19-related death exceeded 96% across all age groups in Israel. Vaccination rate and age are correlated: the rate is approximately 80%, 90%, and ≥95% for those who are aged 20–40, 50–70, and ≥70 years, respectively. Despite the evidence for the vaccine’s effectiveness, by April 2021, the percentage of people in Israel who had received their first vaccination plateaued, increasing by only 2.3% from April 1, 2021 (60.7%) to June 1, 2021 (63.0%) [5]–[7].

This phenomenon also exists in other countries and is likely to be caused by vaccine hesitancy. 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].