The year 2020 will be remembered for the coronavirus disease 2019 (COVID-19) pandemic and its enormous effects on humans, quality of life, and economics worldwide. The year ended with a glimmer of hope when the U.S. Food and Drug Administration (FDA) approved COVID-19 vaccines for individuals aged 16 years and older. The vaccine campaign was successful—the number of new infections declined rapidly in countries with a high vaccination rate despite the easing of lockdown restrictions. However, restrictions remain necessary for the unvaccinated population, mainly comprising teenagers and children; for example, the regulation of activities in and outside of school. Epidemiological data show that children's susceptibility to COVID-19 and ability to transmit the causative virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), decreases 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 of disease transmission and disease severity in children [1], [2], [3].

In May 2021, the US FDA and the Committee for Medicinal Products for Human Use (CHMP) in Europe approved the use of the COVID-19 vaccine for adolescents aged 12 years and older. Some countries in other areas are also considering extending vaccination to children aged 12–16 years. This step is expected to help control the pandemic, which is critical in the face of new SARS-CoV-2 variants. Increasing the vaccination rate will facilitate herd immunity and the recovery of the global economy. Understanding parents’ vaccine hesitancy regarding their children is important when implementing such a strategy since parents are usually the decision-makers.

Israel’s vaccination campaign started in mid-December 2020, and by June 3, 2021, 59.35% of the population had been fully vaccinated. The highest 7-day moving average of new infections per day was 8,624 on January 17, 2021; this number gradually declined as the percentage of vaccinated individuals increased and reached 15 new cases per day at the beginning of June 2021. However, the weekly average number of new cases increased to 450 at the beginning of July due to the emergence of the delta variant. A nationwide observational study in Israel revealed that vaccine effectiveness against symptomatic SARS-CoV-2 infection, COVID-19-related hospitalization, and COVID-19-related death exceeded 96% across all age groups. The vaccination rate has been shown to positively correlate with age: >95%, ~90%, and ~80% among those ≥70, 50–70, and 20–40 years of age, respectively. The percentage of vaccinated individuals plateaued in Israel in the months preceding the delta variant outbreak, with the incidence of first vaccination increasing by only 2.3% between April 1, 2021 (60.7%), and June 1, 2021 (63%) [4], [5], [6]. This phenomenon has also been demonstrated in other countries and likely results from vaccine hesitancy. Vaccine hesitancy is defined by the World Health Organization (WHO) as a delay in vaccination 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 to address these issues [8], [9].