The year 2020 will be remembered for the COVID-19 pandemic and its 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 vaccination for ages 16 years and up. The vaccine campaign was a success. The number of new infections declined rapidly despite the easing of lockdown restrictions in countries with a high rate of vaccinated people. However, there exists a limitation involving the unvaccinated population (mainly teenagers and children), and activities both inside and outside of school are still needed. Epidemiological data show that the susceptibility and transmission of COVID-19 by children decrease as the child’s age decreases. Children tend to develop asymptomatic disease and present a more favorable outcome than adults. Although, the recent emergence of new variants has increased the risk of disease transmission and the severity of disease for children [1-3].

On May 2021, the FDA and CHMP approved the use of the COVID-19 vaccine for teenagers ages 12 years and up. Some countries considered extending the vaccine population to children ages 12 to 16 years. They expected that this step, which was extremely important after the spread of the new pandemic variants, would contribute to the control of the pandemic. Increasing the vaccination rate was expected to help in reaching herd immunity and the recovery of the global economy. In order to employ such a strategy, it was important to understand the vaccine hesitancy of parents regarding their children, since parents are usually the decision-makers.

In Israel, the vaccination campaign started in mid December 2020 and by June 3, 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 17, 2021. This number gradually declined as the percentage of the vaccinated population increased and reached 15 new cases per day at the beginning of June 2021. Due to the Delta variant, the weekly average increased to 450 new cases at the beginning of July. Based on an Israel 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 was a positive correlation between the vaccination rate and age. For 70 years old and above, the rate exceeded 95%, while for 50-70 and 20-40 years old it was around 90% and 80%, respectively. The percent of people who were vaccinated in Israel reached a plateau over the next two months. The rate of primary vaccination increased only by 2.3% from 60.7% on April 1, 2021 to 63% on June 1, 2021 [4-6]. 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 casual factors and develop appropriate strategies [8, 9].