The year 2020 will be remembered for the COVID-19 pandemic and its huge worldwide impact on human quality of life and economic affairs. The year ended with a glimmer of hope when the FDA approved the use of a COVID-19 vaccine among population aged 16 years and above. The vaccine campaign was a success, despite the easing of lockdown restrictions, the number of new infections declined rapidly in countries with high rates of vaccinations. However, limitations on the activities of the unvaccinated population (mainly teenagers and children), both in school and outside, were still needed. Epidemiological data show that children’s susceptibility to COVID-19 and its transmission by them decreases with decreasing age. Children tend to develop asymptomatic disease and present a more favorable outcome than adults. However, the recent emergence of new variants of the COVID-19 virus increases the risk of disease transmission and disease severity in children [1], [2], [3].

In May 2021, the Food and Drug Administration (FDA) and the Committee for Medicinal Products for Human Use (CHMP) approved the use of the COVID-19 vaccine for teenagers aged 12 years and above. Some countries considered extending the vaccinated population to 12- to 16-year-old children. They expected that this step would contribute to the control of the pandemic, which was extremely important after the spread of the new variants of the virus. Increasing the vaccination rate was expected to help in reaching herd immunity and recovering the global economy. To implement this strategy, it was important to understand the parent's vaccine hesitancy regarding their children, since parents are usually the decision-makers.

In Israel, the vaccination campaign started in mid-December 2020, and by June 3rd, 2021, 59.35 percent of the population was fully vaccinated. The highest level of the 7-day moving average of new infections per day was 8,624 on January17th, 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. The weekly average of new cases increased again to 450 at the beginning of July due to the spread of the delta variant of the virus. Based on Israel’s 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. A positive correlation was found between the age and vaccination rate: for 70 years and above the rate exceeded 95%, for 50-70 years it was around 90%, and for 20-40 years around 80%. The percentage of people who were vaccinated with the first COVID-19 vaccine in Israel reached a plateau over two months, it increased only by 2.3% from 60.7% on April1st, 2021 to 63% on June 1st, 2021 [4], [5], [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 causal factors and develop appropriate strategies [8], [9].