The year 2020 will be remembered for the COVID-19 pandemic and its worldwide effects on quality of life and economics. This year ended with a glimmer of hope when the FDA approved the use of COVID-19 vaccinations for people aged 16 years and up. 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 vaccination. However, limitations for the unvaccinated population (mainly teenagers and children), and their activities both in school and outside, are still needed. Epidemiological data show that the susceptibility to and transmission of COVID-19 by children decrease with age. Children tend to develop asymptomatic disease and present with more favorable outcomes than adults, although recent emergence of new variants increases the risk of disease transmission and severity in children [1], [2], [3].

In May 2021, the FDA and CHMP approved the use of the COVID-19 vaccine for teenagers aged 12 years and up, potentially extending the vaccinated population to include children ages 12 to 16 years old. This step will contribute to control of the pandemic, which is extremely important after the spread of new COVID-19 variants. Increasing the vaccination rate will help populations reach herd immunity and hopefully lead to eventual recovery of the global economy. In order to employ such a strategy, it is important to understand parents’ vaccine hesitancy regarding their children..

In Israel, the vaccination campaign started in mid-December 2020, and by June 3rd, 2021,

59.35% of the population was fully vaccinated. The highest seven-day moving average of new infections per day was 8,624 on January 17th, 2021. This number gradually declined as the percentage of vaccinated population increased, and reached only 15 new cases per day at the beginning of June 2021. Due to the delta variant, the weekly average of new cases increased to 450 at the beginning of July. Based on Israel’s nationwide observational study, vaccine effectiveness exceeded 96% across all age groups in terms of symptomatic SARS-CoV-2 infection, COVID-19-related hospitalization, and COVID-19-related death. Vaccination rate correlates positively with age. For those 70 years old and above the rate exceeds 95%; for those 50-70 years old it is around 90%, and for the population 20-40 years old it is around 80%. The percentage of people in Israel who received the first vaccine reached a plateau, increasing by only

2.3% between April 1st and June 1st,2021 (from 60.7% to 63%) [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 of a vaccine 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].