The year 2020 will be remembered for the COVID-19 pandemic and its significant worldwide effects on humans, quality of life, and economics. This year ended with a glimmer of hope when the Food and Drug Administration (FDA) approved the use of COVID-19 vaccines among individuals aged 16 and older. The vaccine campaign was a success. The number of new infections declined rapidly despite easing lockdown restrictions in countries with a high rate of vaccinated population. However, limitations concerning the unvaccinated population (e.g., mainly teenagers and children) activities both in school and outside are still needed. It is shown in epidemiological data that the susceptibility and transmission of COVID-19 by children decrease as the age of the child decreases. Children tend to develop asymptomatic disease and present a more favorable outcome than adults. Nonetheless, the risk of disease transmission and severity in children is increased by the recent emergence of new variants [1–3].

On May 2021, FDA and CHMP approved the COVID-19 vaccine for teenagers aged 12 years and older. Some countries are considering extending the vaccine population to children aged 12–16. They expect that this step will contribute to controlling the pandemic, which is extremely important after the spread of the new pandemic variants. Increasing the vaccination rate will help reach herd immunity and recover the global economy. It is vital to understand the vaccine hesitancy of parents regarding their children since parents are usually the decision makers to imply such a strategy.

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 level of the 7-day moving average of new infections per day was 8,624 cases on January 17th, 2021. This number gradually declined as the percentage of vaccinated people increased, reaching 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. Israel’s nationwide 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. A positive correlation between the vaccination rate and age was found: the vaccination rate exceeded 95% for people aged 70 and older, around 90% for people aged 50–70, and approximately 80% for people aged 20–40. The percentage of vaccinated people in Israel has reached a plateau over the previous two months. After the first vaccine was applied, it increased only by 2.3%, from 60.7% on April 1st, 2021, to 63% on June 1st, 2021 [4–6].This phenomenon also occurred in other countries and was probably caused by vaccine hesitancy. Vaccine hesitancy is defined by the World Health Organization (WHO) as a delay in the acceptance or refusal of vaccination despite the availability of vaccination services [7]. The causes of vaccine hesitancy vary by country. They are vaccine-specific, indicating a need to strengthen the capacity of national programs to identify local causal factors and develop appropriate strategies [8, 9].

While applying to ALE, I forgot to inform my experience in other editing and proofreading companies. Currently, I am a freelance editor for the following companies:

* **CRIMSON/Enago**
* **Best Edit & Proof**
* **Edit Springs**
* **Charlesworth Author Services**

I have previously worked as a freelance editor for **Scribendi** as well.