

The year 2020 will be remembered by the COVID-19 pandemic and its worldwide huge 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 among 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 high rate of vaccinated population. However, limitation concerning unvaccinated population (mainly teenagers and children) activities both in school and outside are still needed. Epidemiological data show that the susceptibility and transmission of COVID-19 by children decrease as the child age decrease, children tend to develop asymptomatic disease, and present a more favorable outcome than adults. Although, recent emerge of new variants increase the children risk of disease transmission and the disease severity [1], [2], [3].

On May 2021, the FDA and CHMP approved the use of the COVID-19 vaccine to teenagers ages 12 years and up. Some countries consider extending the vaccine population to children ages 12 to 16 years old. They expect that this step will contribute to the control of the pandemic, which is extremely important after the spread of the new pandemic variants. Increasing the vaccine rate will help reaching herd immunity and the recovery of the global economy. In order to imply such a strategy it is important to understand the parent's vaccine hesitancy regarding their children, since parents are usually the decision makers.

In Israel, the vaccination campaign started on mid-December 2020 and by June 3rd 2021, 59.35 percent of the population were fully vaccinated. The highest level of 7-day moving average of new infections per day was 8,624 on January 17th 2021, this number gradually declines as the percentage of vaccinees population increased and reached 15 new cases per day at the beginning of June 2021. Due to the delta variant, the number of weekly average of new cases increased to 450 at the beginning of July. Based on 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 is a positive correlation between the vaccination rate and age: for 70 years and above the rate exceed 95%, for 50-70 years it is around 90% and for 20-40 years around 80%. The percentage of people who vaccinated in Israel reached a Plateau over the previous two months, it (first vaccine)

increased ~~only by~~ 2.3% from 60.7% in April 1st 2021 to 63% in June 1st 2021 [4], [5], [6]. This phenomenon exists in other countries ~~as well~~ and is probably ~~caused~~ by ~~the~~ 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].

NOTE: As the instructions did not specify the use of Word, I have retained the file format. I can provide an edited version in Word if that is preferred.

Resources: CMOs, Merriam-Webster

Style choice:

American English, including date formats

Use of % symbol rather than 'percent' due to STEM nature of manuscript

Initials used without definition due to likely readership, but see comments to author

Numerals used for 10 and above

Word choices:

COVID-19

Delta