The year 2020 will be remembered for the COVID-19 pandemic and its immense global effects on humans, quality of life, and the economy. This year ended with a glimmer of hope when the FDA approved the use of COVID-19 vaccines for patients aged 16 years and above. The vaccination campaign was a success, and the number of new infections declined rapidly despite easing lockdown restrictions in countries with high rates of vaccination. However, activities performed by the unvaccinated population (mainly teenagers and children), both in and outside school must be limited. Epidemiological data show that children's susceptibility to COVID-19 and its transmission by them decrease as the child's age decreases. Children tend to develop asymptomatic disease and present a more favorable outcome than adults. However, the recent emergence of new variants increases children's risk of disease transmission and severity [1], [2], [3].

In May 2021, the FDA and CHMP approved the use of the COVID-19 vaccine for teenagers aged 12 years and above. Some countries are considering vaccinating children aged 12 to 16 years. They believe that this extremely important step will contribute to controlling the pandemic, especially after the emergence and spread of the new COVID-19 variants. Increasing the vaccination rate will help in achieving herd immunity and the recovery of the global economy. To employ such a strategy, it is important to understand the parents' hesitancy regarding vaccinating their children, since parents are usually the decision-makers.

In Israel, the vaccination campaign began in mid-December 2020, and by June 3, 2021, 59.35 % of the population was 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 number of weekly averages of new cases increased to 450 at the beginning of July. A nationwide observational study conducted in Israel found that vaccine effectiveness against symptomatic SARS-CoV-2 infection and COVID-19-related hospitalization and death exceeded 96% across all age groups. A positive correlation between the vaccination rate and age was observed: for individuals aged 70 years and above, the rate exceeded 95%; for those aged 50–70 years it was approximately 90%; and for those aged 20–40 years, it was approximately 80%. The percentage of people who received the first dose of the vaccine in Israel plateaued over the previous couple of months; it increased by only 2.3% from 60.7% on April 1, 2021 to 63% on June 1, 2021 [4], [5], [6]. This phenomenon also exists in other countries and is 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 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].