The year 2020 will be remembered for the COVID-19 pandemic and its worldwide and devastating effects on humans, quality of life, and economics. The year ended with a glimmer of hope when the U.S. Food and Drug Administration (FDA) approved the use of COVID-19 vaccines for ages 16 and older. The vaccine campaign was a success; the number of new infections declined rapidly in countries with a high rate of vaccinated citizens, despite the easing of lockdown restrictions. However, limitations concerning unvaccinated populations (mainly teenagers and children), both in school and outside, still need to be addressed.

Epidemiological data show that the susceptibility and transmission of COVID-19 by children decrease as the child’s age decreases. Children tend to develop an asymptomatic version of COVID-19 and have a more favorable outcome than adults who contract the disease. However, recent emergence of new variants increases children’s risk of disease transmission and the disease severity.

In May 2021, FDA and the Committee for Medicinal Products for Human Use (CHMP) approved the use of COVID-19 vaccines for ages 12 and older. Some countries have considered extending the vaccine to ages 12 to 16 years old. They expect that vaccinating children will contribute to the control of the pandemic, which is extremely important after the spread of the new disease variants. Increasing the vaccination rate will help with reaching herd immunity and the recovery of the global economy. To implement such a strategy, it is important to understand parents’ 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 3, 2021, 59.35% of the population was fully vaccinated. The highest 7-day moving average for daily new infections was 8,624 on January 17, 2021; this number gradually declined as the percentage of vaccinated population increased and reached 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 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 older the rate exceeds 95%, for 50–70 years it is around 90%, and for 20–40 years it is around 80%. The percentage of people vaccinated in Israel reached a plateau over the previous two months; it (i.e., individuals receiving first dose of vaccine) increased only by 2.3% from 60.7% on April 1, 2021, to 63% on June 1, 2021. This phenomenon exists in other countries as well and is likely 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. 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.