The COVID-19 pandemic was the single largest factor shaping the year 2020, with global effects on healthcare, quality of life, and economics. This year ended with a glimmer of hope when the FDA approved the use of COVID-19 vaccines for people over age 16. In countries with high vaccination rates, the number of new infections declined rapidly despite the easing of lockdown restrictions. However, unvaccinated populations (mainly teenagers and children) are still vulnerable to the virus and restrictions on activities both in school and recreationally are still necessary. Epidemiological data show that younger children less susceptible and less likely to transmit the virus. Children tend to develop asymptomatic disease and generally have more favorable outcomes than adults. However, recent emergence of new variants increases the risk of severe disease in children [1], [2], [3].

In May 2021, the FDA and CHMP approved the use of the COVID-19 vaccine to teenagers over 12 years old. Some countries are considering extending vaccine campaigns to include children ages 12 to 16 years old. Vaccinating this age group will help control transmission, which is all the more important given the rise in more contagious variants. It is important to understand parents’ vaccine hesitancy for their children, since parents control health care decisions for their children. Increasing the vaccination rate will help countries reach herd immunity, ease the strain on health care systems, and aid in the recovery of the global economy.

The Israeli vaccination campaign started in mid-December 2020, and by June 3, 2021, 59.35% of the population was fully vaccinated. From a peak 7-day moving average of new infections per day of 8,624 on January 17, 2021, the 7-day average steadily declined to 15 new cases per day at the beginning of June 2021. In the beginning of July, the number of weekly new cases increased to 450 due to the rise in the Delta variant. Based on a nationwide observational study, vaccination was highly effective in reducing symptomatic SARS-CoV-2 infection, COVID-19-related hospitalization, and COVID-19-related death. 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 vaccine administration rate in Israel reached a plateau over the previous two months, as the vaccinated population increased only 2.3 percentage points, from 60.7% in April 1st 2021 to 63% in June 1st 2021 [4], [5], [6].This plateau in vaccination rates 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 identify local causal factors and develop appropriate strategies [8], [9].