The year 2020 will be remembered by the outbreak of the COVID-19 pandemic and its pervasive effects on quality of life and economic activity worldwide. However, it ended with a glimmer of hope, when the FDA approved the use of the COVID-19 vaccine among individuals aged 16 years and over. The vaccination campaign was a success, as the number of daily new cases declined rapidly despite the easing of lockdown restrictions in countries with a majority vaccinated population. However, its effects on the unvaccinated population, which is mainly comprised of teenagers and children, reman poorly understood both in and out of the school setting and thus warrant further investigation. Epidemiological data show that younger children are less susceptible to and likely to transmit COVID 19 and that children of all ages tend to be asymptomatic and present more favorable outcomes than adults. Despite these findings, the recent emergence of new variants has increased the risk of transmission among children as well as the severity of the disease [1,2,3].

In May 2021, the FDA and CHMP approved the use of the COVID-19 vaccine among teenagers aged 12 years and older. Some countries have considered expanding the vaccine-eligible population to children aged 12 to 16 years. They expect that taking this step will limit the spread of the COVID-19 pandemic, which is of extreme importance in light of the recent identification of new variants. Increasing the rate of vaccination will accelerate the pace at which herd immunity is reached as well as that of the global economic recovery. Since parents are typically the key decision makers regarding their children’s health care, it is important to understand their vaccine hesitancy before implementing such a strategy.

Israel’s vaccination campaign was initiated in December 2020, and 59.35 percent of the population was fully vaccinated as of June 2021. The highest recorded seven-day moving average of daily new cases was 8,624 on January 17th, 2021. However, this number steadily declined as the vaccinated population increased, reaching 15 daily new cases in early June 2021. After the outbreak of the delta variant, the weekly average of new cases increased to 450 n early July. A nationwide observational study in Israel determined that vaccine effectiveness against symptomatic SARS-CoV-2 infection and COVID-19-related hospitalization and death exceeded 96% across all age groups. There is a positive correlation between the vaccination rate and age that exceeds 95% for individuals aged 70 years and older, is around 90% for those aged 50–70 years, and around 80% for those aged 20–40 years. The percentage of the Israeli population who had received the first dose reached a plateau over the prior two months,

increasing by only 2.3%, from 60.7% on April 1st 2021 to 63% on June 1st 2021 [4,5,6]. This phenomenon exists in other countries as well and is the likely result of 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, thus indicating that there is a global need to strengthen the capacity of national programs to identify local casual factors and develop appropriate strategies for overcoming those factors [8,9].