The year 2020 will be remembered for the COVID-19 pandemic and its worldwide huge effects on humans, life quality, 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, and the number of new infections declined rapidly despite easing lockdown restrictions in countries with a high rate of vaccinated population. However, limitations concerning the activities of the unvaccinated population (mainly teenagers and children) are still needed, both in school and outside. Epidemiological data show that the susceptibility and transmission of COVID-19 by children decrease as the child's age decrease. Children tend to develop the asymptomatic disease and present a more favorable outcome than adults. Although, the recent emergence of new variants increases the children's risk of disease transmission and severity [1-3].

On May 2021, the FDA and CHMP approved the COVID-19 vaccine for teenagers aged 12 years and up. Some countries are considering extending the vaccine population to children aged 12 to 16 years. They expect this step will contribute to controlling the pandemic, which is extremely important after the new pandemic variant spreads. Increasing the vaccination rate will help reach herd immunity and recover 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 in mid-December 2020, and by June 3rd, 2021, 59.35% of the population was fully vaccinated. The highest level of the 7-day moving average of new infections per day was 8,624 on January 17th, 2021. This number gradually declined as the vaccinated population percentage 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. Israel's nationwide observational study found that 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 exceeds 95%; for 50-70 years is around 90%; and for 20-40 years is around 80%. The percentage of people who were vaccinated in Israel reached a Plato over the previous two months, and it (the first vaccine) increased only by 2.3% from 60.7% on April 1st, 2021, to 63% on June 1st, 2021 [4-6]. This phenomenon is also similar in other countries and is probably 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 [7]. The causes of vaccine hesitancy vary by country and are vaccine-specific, indicating the need to strengthen the capacity of national programs to identify local causal factors and develop appropriate strategies [8-9].