The year 2020 will be remembered for the coronavirus disease 2019 (COVID-19) pandemic and its significant global impacts on human health, quality of life, and economics. The year ended on an optimistic note when the United States Food and Drug Administration (FDA) approved the COVID-19 vaccine for individuals aged ≥16 years. The vaccination campaign was successful, leading to a rapid decline in the number of new infections despite the easing of lockdown restrictions in countries with high vaccination rates. However, restrictions on activities for the unvaccinated population, particularly teenagers and children, remain necessary. Epidemiological data show that the susceptibility and transmission of COVID-19 among children decrease with age. Children tend to develop asymptomatic disease and have more favorable outcomes than adults. Nevertheless, the emergence of new variants has increased the risk of disease transmission and severity among children [1–3].

In May 2021, the FDA and Committee for Medicinal Products for Human Use approved the use of the COVID-19 vaccine for teenagers aged ≥12 years. Some countries are considering extending the vaccine eligibility to children aged 12 to 16 years. This step is expected to help control the pandemic, which has become particularly important since the emergence of new variants. Increasing the vaccination rate will aid in achieving herd immunity and recovery of the global economy. To implement this strategy, it is crucial to understand parents’ vaccine hesitancy regarding their children because parents are usually the decision-makers regarding such matters.

In Israel, the vaccination campaign began in mid-December 2020. By 3 June 2021, 59.35% of the population was fully vaccinated. The highest 7-day moving average of new infections per day was 8,624 on 17 January 2021. This number gradually declined as the percentage of the vaccinated population increased, reaching 15 new cases per day by early June 2021. However, because of the Delta variant, the weekly average of new cases increased to 450 by early July. A nationwide observational study in Israel indicated that the 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 individuals aged ≥70 years, the vaccination rate exceeds 95%; for those aged 50 to 70 years, the rate is approximately 90%; and for those aged 20 to 40 years, the rate is approximately 80%. The percentage of vaccinated people in Israel plateaued during the 2 months prior to 1 June 2021, with the rate of first-dose vaccinations increasing by only 2.3% (from 60.7% on 1 April 2021 to 63.0% on 1 June 2021) [4–6]. This phenomenon also exists in other countries and is probably caused by vaccine hesitancy. The World Health Organization defines vaccine hesitancy 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 strengthen the capacity of national programs to identify local casual factors and develop appropriate strategies [8, 9].