[0009a] Another embodiment is the use of a synthetic pediatric formula in the manufacture of a medicament for reducing inflammation in an infant, toddler, or child, wherein the synthetic pediatric formula comprises lacto-N-neotetraose in a concentration of 0.01 mg/mL to 20 mg/mL and wherein the medicament is to be administered to the infant, toddler, or child.

[0010] Another embodiment is directed to a method of inhibiting the growth of respiratory viruses in an infant, toddler, or child. The method comprises identifying an infant, toddler, or child having at least one of respiratory syncytial virus, human parainfluenza virus type 3, and influenza A virus and administering to the infant, toddler, or child a composition comprising lacto-N-neotetraose in a concentration of from about 0.001 mg/mL to about 0.2 mg/mL.

[0011] It has been discovered that specific HMOs, such as 3'-sialyllactose, 6'-sialyllactose and others as noted herein, as well as specific combinations of HMOs as described herein, are highly effective in dampening inflammation generally in infants, toddlers, and children, and specifically in dampening virus-induced inflammation, including respiratory syncytial virus, human parainfluenza, and influenza A, in infants, toddlers, and children by reducing the production of some key cytokines from human immune cells without increasing viral load, which may lead to faster recovery from infections. Surprisingly, it was determined that the HMOs demonstrate the desirable dampening effects even at very low concentrations, including concentrations lower than those found in breast milk. Also, it was unexpectedly found that 6'-sialyllactose is immunomodulatory even in the absence of a virus, and induces the production of monocyte-derived cytokines. It has further been discovered that although biological reactions often occur within a 30 to 60 minute period, and thus a 30 to 60 minute incubation is generally used for *in vitro* procedures, a 24 hour pre-treatment of cells provides a closer reflection of the daily pre-exposure to HMOs that a breast-fed infant would receive from breast milk.

[0012] Additionally, it has been found that fucosyllated HMOs, including 3'-fucosyllactose, alone or in combination with sialic acid, are highly effective in inhibiting respiratory viruses. Even at low concentrations, the 3'-fucosyllactose and sialic acid are effective.

WHAT IS CLAIMED IS:

1. Use of a synthetic pediatric formula in the manufacture of a medicament for reducing inflammation in an infant, toddler, or child, wherein the synthetic pediatric formula comprises lacto-N-neotetraose in a concentration of 0.01 mg/mL to 20 mg/mL and wherein the medicament is to be administered to the infant, toddler, or child.

2. The use of claim 1, wherein the inflammation is respiratory inflammation.

3. The use of claim 1, wherein the inflammation is selected from the group consisting of respiratory syncytial virus-induced inflammation, enteric inflammation, nasopharyngeal inflammation, and combinations thereof.

4. The use of claim 1, wherein the synthetic pediatric formula further comprises from 0.001 mg/mL to less than 0.25 mg/mL 6'-sialylallactose.

5. The use of claim 1, wherein the synthetic pediatric formula further comprises from 0.001 mg/mL to less than 0.15 mg/mL 3'-sialylallactose.

6. The use of claim 1, wherein the synthetic pediatric formula further comprises 3'-sialyllactose and 6'-sialyllactose in a weight ratio of 3'-sialyllactose to 6'-sialyllactose of from 1:20 to 20:1.

7. The use of claim 1, wherein the synthetic pediatric formula further comprises 3'-sialyllactose and 6'-sialyllactose in a weight ratio of 3'-sialyllactose to 6'-sialyllactose of from 1:2 to 2:1.